

MASS.
DOCS.
COLL.

The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

TRUSTEES

OF THE

BOSTON STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1927

THE EIGHTY-SEVENTH ANNUAL REPORT OF THE HOSPITAL
FOUNDED IN 1839 BY THE CITY OF BOSTON



PUBLICATION OF THIS DOCUMENT APPROVED BY THE COMMISSION OF ADMINISTRATION AND FINANCE
400, 4-'28 Order 1941.

OCCUPATIONAL PRINTING PLANT
DEPARTMENT OF MENTAL DISEASES
GARDNER STATE COLONY
PRINTERS

BOSTON STATE HOSPITAL

BOARD OF TRUSTEES.

HENRY LEFAVOUR, *Chairman*, Boston.
MRS. KATHERINE G. DEVINE, *Secretary*, Milton.
WILLIAM F. WHITEMORE, Boston.
CHARLES B. FROTHINGHAM, M.D., Lynn.
MRS. EDNA W. DREYFUS, Brookline.
J. WALDO POND, Boston.
Vacancy.

CONSULTING PHYSICIANS.

JOHN L. AMES, M.D., *Internist*.
WILLIAM E. PREBLE, M.D., *Internist*.
ALBERT EVANS, M.D., *Internist*.
FRED B. LUND, M.D., *Surgeon*.
IRVING J. WALKER, M.D., *Surgeon*.
LLEWELLYN H. ROCKWELL, M.D., *Surgeon*.
MALCOLM H. STORER, M.D., *Gynecologist*.
GRACE E. ROCHFORD, M.D., *Gynecologist*.
RALPH W. HATCH, M.D., *Ophthalmologist*.
EDWIN A. MESERVE, M.D., *Laryngologist, Rhinologist, and Otologist*.

OFFICERS OF THE HOSPITAL.

JAMES V. MAY, M.D., *Superintendent*.
E. C. NOBLE, M.D., *Assistant Superintendent*.
MARY E. GILL NOBLE, M.D., *Senior Assistant Physician*.
EDMUND M. PEASE, M.D., *Senior Assistant Physician*.
GENEVA TRYON, M.D., *Senior Assistant Physician*.
HERBERT E. HERRIN, M.D., *Senior Assistant Physician*.
ROY D. HALLORAN, M.D., *Senior Assistant Physician*.
———, *Senior Assistant Physician*.
GEORGE G. KELLY, M.D., *Assistant Physician*.
ILSE LAUBER, M.D., *Assistant Physician*.
JANICE RAFUSE, M.D., *Assistant Physician*.
GERALD F. HOUSER, M.D., *Assistant Physician*.
ALBERTA S. B. GUIBORD, M.D., *Assistant Physician (School Clinic)*.
JULIUS LOMAN, M.D., *Pathologist*.
MARTIN P. ROSE, D.D.S., *Dentist*.
ARTHUR E. GILMAN, *Steward*.
ADELINE J. LEARY, *Treasurer*.

The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council:

The trustees of the Boston State Hospital have the honor to submit herewith their nineteenth annual report covering the year ended November 30, 1927. The trustees have held their usual monthly meetings, and committees of the Board have made their systematic visits. The general condition of the hospital and the care of the patients have met their approval. The operations of the year are fully described in the accompanying report of the Superintendent.

The term of office of Mr. David M. Watchmaker expired in February, and as he declined a reappointment and as his successor has not been appointed, there remains a vacancy in the membership of the Board.

PERSONS UNDER THE CARE OF THE TRUSTEES.

At the beginning of the year there were 2,126 patients in the hospital, 9 in private care, and 227 on visit or escape, making a total of 2,362 persons under the care of the trustees. At the close of the year the total number was 2,401, of whom 2,201 were in the hospital, 10 were in private care, and 190 on visit or escape.

COST OF MAINTENANCE.

The amount allowed for maintenance by the General Court was \$805,230.00, to which should be added \$28,821.76 brought over from the previous year. By strict economy in operations and because of vacancies in the personal service, the expenses of the year were kept within the appropriation, notwithstanding the increase in the salary and wage scales that were finally authorized and made retroactive to June first.

ESTIMATES FOR MAINTENANCE.

The following are the estimates for the amount needed for maintenance for the ensuing year based on the established salary scales and the established per capita allowances for a population of 2,225:

Personal Service.....	\$454,205.20
Religious Instruction.....	2,080.00
Travel, transportation and office expenses.....	7,006.10
Food.....	231,956.15
Clothing and materials.....	34,096.50
Heat, light and power.....	76,891.07
Medical and general care.....	32,211.81
Furnishings and household supplies.....	46,704.10
Farm.....	7,703.01
Garage, stables and grounds.....	8,717.10
Repairs, ordinary.....	21,456.69
Repairs and renewals.....	31,653.35
Total.....	<hr/> \$954,681.08

NEW CONSTRUCTION.

No appropriation has been made for new construction for several years. It is hoped that in the extended programme to be recommended by the Department of Mental Diseases some provision will be made for the more pressing needs of this hospital. These include accommodations for the administrative offices, quarters for the staff and the male employees, and an adequate reception building for patients. The trustees again urge attention to the fire risk in some of the present wooden buildings, a risk that cannot be overcome by any of the usual processes of protection.

HENRY LAFAVOUR

CHARLES B. FROTHINGHAM

KATHERINE G. DEVINE

EDNA W. DREYFUS

WILLIAM F. WHITTEMORE

J. WALDO POND

NOVEMBER 30, 1927.

Trustees.

SUPERINTENDENT'S REPORT.

To the Board of Trustees of the Boston State Hospital:

The following is a report of the activities of the hospital for the statistical year ending September 30, 1927, and the fiscal year ending November 30, 1927. Founded by the City of Boston in 1839, this marks the completion of its eighty-eighth year as a hospital for mental diseases, and the nineteenth year of its history as a State institution.

MOVEMENT OF POPULATION.

The census of the hospital on September 30, 1926, was as follows: in the wards, men, 898, women, 1,244, total, 2,122; at home on visit, men, 105, women, 121, total, 226; boarding out, men none, women, 7; and out on escape, men, 2, women, 3, total, 5; making a total of 2,360, 1,005 men and 1,355 women, in the custody of the hospital.

Three hundred and five men and 315 women, a total of 620, were received during the year. This included the following: first admissions as insane,* men, 184, women, 216, total, 400; readmissions as insane,** men, 34, women, 54, total, 88; first admissions, temporary care, men, 32, women, 21, total 53; readmissions, temporary care,*** men, 40, women, 13, total, 53; and transferred from other institutions, men, 15, women, 11, total, 26. Three hundred and nine cases, including 154 men and 155 women, were discharged during the year. One man and eight women, a total of 9, were transferred to other institutions. One hundred and thirty-three men and 134 women, a total of 267, died during the year.

The census on September 30, 1927, was as follows: in the wards, men, 935, women, 1,247, total, 2,182; at home on visit, men, 80, women, 114, total, 194; boarding out, men, none, women, 10; and out on escape, men, 5, women, none; making a total of 2,391, 1,020 men and 1,371 women, in the custody of the hospital.

The total number of cases treated during the year was 2,980, 1,310 men and 1,670 women.

The average daily number of patients for the statistical year was: men, 1,008.60, women, 1,358.38, total, 2,366.98. The average daily number in the wards was: men, 913.16, women, 1,234.87, total, 2,148.03, or 90.75 per cent of the whole number. The average daily number at home on visit was: men, 92.99, women, 114.27, total, 207.26, or 8.76 per cent. The average daily number boarding out was: men, none, women, 8.69, or .36 per cent. The average daily number out on escape was: men, 2.45, women, .55, total, 3.00, or .13 per cent. The average daily number of committed cases was: men, 908.36, women, 1,230.96, total, 2,139.32, or 99.59 per cent of the number in the wards. There were no voluntary cases during the year. The average daily number of emergency cases was: men, .044, women, .06, total, .104, or .005 per cent. The average daily number of temporary care cases was: men, 4.80, women, 3.91, total, 8.71, or .41 per cent. The average daily number of cases under complaint or indictment was: men, 9.99, women, 1.21, total, 11.20, or .52 per cent. The average daily number of epileptics was: men, 11.00, women, 10.19, total, 21.19, or .99 per cent. The average daily number of tubercular patients was: men, 9.97, women, 35.62, total, 45.59, or 2.12 per cent. The private cases are included with the reimbursing cases. The average daily number of reimbursing cases was: men, 109.72, women, 206.89, total, 316.69 or 14.74 per cent. The average daily number of cases supported by the State was: men, 803.44, women, 1,277.99, total, 1,831.34, or 85.26 per cent. There was a daily average of 51.42 ex-service men.

The recovery rate, based on the number of all first admissions (453), was 13.69 per cent; based on the total number cared for during the year (2,980), 2.08 per cent; based on the average daily number in the wards (2,148.03), 2.88 per cent; and based on the total number of admissions (620) for the year, 10.00 per cent.

The death rate, based on the total number cared for during the year, was 8.96 per cent; and based on the average daily number in the wards, 12.43 per cent.

*Including one woman committed from temporary care of the preceding year.

**Including 1 man and 1 woman committed from temporary care of the preceding year.

***Including 1 man changed from committed, Sec. 51, of the preceding year to Sec. 100, temporary care.

The death rate of the hospital is unusually large when compared with that of other hospitals of a similar character, as about thirty-five per cent of the population is of the infirmary type, and nearly ten per cent represents actual bed cases. This is due to the fact that the acutely ill, the senile and the infirm cases from the city cannot be readily transferred to distant places, and are therefore committed to the Boston State Hospital. It is obvious that for the same reason too much significance should not be attached to the recovery rate.

Of the first admissions as insane, 191, or 47.75 per cent, were foreign born, and 340, or 85.00 per cent, were of foreign parentage on one or both sides. Eighty-two, or 20.50 per cent, were aliens. Citizenship was unascertained in 20, or 5.00 per cent. Of 2,933 consecutive first admissions as insane, for the seven-year period beginning October 1, 1920, 1,460, or 49.77 per cent, were foreign born; 2,390, or 81.41 per cent, were of foreign parentage on one or both sides, 564, or 19.23 per cent, were aliens, and citizenship was unascertained in 334, or 11.39 per cent.

The average age on admission was 53.61; 165, or 41.25 per cent, were sixty years of age or over, and 88, or 22 per cent, were seventy years of age or over. For the seven-year period beginning October 1, 1920, the average age on admission was 51.36; 1,090, or 37.16 per cent, were sixty years of age or over; and 577, or 19.67 per cent, were seventy years of age or over.

The first admissions for the year, classified according to legal status, were as follows:

	Males	Females	Total
Committed cases (section 51, chapter 123, General Laws).....	132	145	277
Voluntary admissions (section 86, chapter 123, General Laws).....	0	0	0
Emergency commitments (section 78, chapter 123, General Laws).....	3	3	6
Pending examination and hearing (section 55, chapter 123, General Laws).....	0	0	0
Temporary care cases (section 79, chapter 123, General Laws).....	45	57	102
Observation cases (section 77, chapter 123, General Laws).....	4	11	15
Total	184	216	400

The distribution of first admissions for the year, classified according to legal status, as shown by the above table, is therefore as follows: committed cases (section 51, chapter 123, General Laws), 69.25 per cent; emergency cases (section 78, chapter 123, General Laws), 1.50 per cent; temporary care cases (section 79, chapter 123, General Laws), 25.50 per cent; and observation cases (section 77, chapter 123, General Laws), 3.75 per cent. For the seven-year period beginning October 1, 1920, the distribution of the 2,933 first admissions, classified according to legal status, was as follows: committed cases (section 51, chapter 123, General Laws), 2,226, or 75.89 per cent; emergency cases (section 78, chapter 123, General Laws), 48, or 1.64 per cent; temporary care cases (section 79, chapter 123, General Laws), 502, or 17.12 per cent; observation cases (section 77, chapter 123, General Laws), 133, or 4.54 per cent; and cases held under complaint or indictment (section 100, chapter 123, General Laws), 19, or .65 per cent. During the above period there was only one case pending examination and hearing (section 55, chapter 123, General Laws), and one Boston Police case (chapter 307, Acts of 1910.) No voluntary cases (section 86, chapter 123, General Laws) have been received since 1921, during which year there were three.

The first admissions for the year included 277 committed cases. Of these, 11, or 3.97 per cent, were discharged; one, or .36 per cent, was transferred to another hospital for mental diseases; 60, or 21.66 per cent, died; and 205, or 74.01 per cent, remained at the end of the statistical year.

Of the first admissions for the year, six were emergency cases, all of which were committed within a few days after admission.

One hundred and two of the first admissions during the year were temporary care cases. Of these, 94, or 92.16 per cent, were committed; 2, or 1.96 per cent, changed to emergency status (section 78, chapter 123, General Laws); and 6, or 5.88 per cent, to observation status (section 77, chapter 123, General Laws).

The first admissions for the year also included 15 cases admitted for observation under the provisions of section 77, chapter 123, General Laws, all of which were subsequently committed.

Of the 400 first admissions for the year, the cause was unascertained or no cause given in 92 cases, or 23.00 per cent. In the 308 cases where a definite cause was assigned, the etiological factors reported may be classified as follows: senility, 73, or 23.05 per cent; arteriosclerosis, 96, or 31.17 per cent; syphilis, 34, or 11.04 per cent; alcoholism, 24, or 7.79 per cent; involutional changes, 30, or 9.74 per cent; and traumatism, 5, or 1.62 per cent. There was a family history of mental diseases in 72, or 18.00 per cent, mental defects in 5, or 1.25 per cent, and nervous diseases in 10, or 2.50 per cent, of the first admissions. Of the 2,933 first admissions to the hospital since October 1, 1920, the cause was unascertained or no cause given in 905, or 30.85 per cent of the cases. In the 2,028 cases *where a definite cause was assigned*, the etiological factors are classified as follows: senility, 395, or 19.47 per cent; arteriosclerosis, 464, or 22.88 per cent; syphilis, 292, or 14.39 per cent; alcoholism, 265, or 13.06 per cent; involutional changes, 135, or 6.65 per cent, and traumatism, 39, or 1.92 per cent. There was a family history of mental diseases in 473, or 16.13 per cent, mental defects in 53, or 1.81 per cent, and nervous diseases in 126, or 4.29 per cent, of the first admissions.

The forms of mental diseases shown by the 400 first admissions for the year, briefly summarized, were as follows: senile psychoses, 62, or 15.50 per cent; psychoses with cerebral arteriosclerosis, 98, or 24.50 per cent; general paralysis, 28, or 7.00 per cent; psychoses with cerebral syphilis, 5, or 1.25 per cent; alcoholic psychoses, 20, or 5.00 per cent; psychoses with other somatic diseases, 18, or 4.25 per cent; manic-depressive psychoses, 51, or 12.75 per cent; involution melancholia, 10, or 2.50 per cent; dementia praecox, 28, or 7.00 per cent; paranoia or paranoid conditions, 38, or 9.50 per cent; epileptic psychoses, 8, or 2.00 per cent; psychoses with mental deficiency, 11, or 2.75 per cent; undiagnosed psychoses, 8, or 2.00 per cent; and all other psychoses one per cent or less. Four, or 1.00 per cent, were without psychosis. The psychoses of all first admissions for the year are shown in Table No. 6 on page 31. The forms of mental disease shown by the 2,933 first admissions since October 1, 1920, are summarized as follows: Traumatic psychoses, 15, or .51 per cent; senile psychoses, 437, or 14.90 per cent; psychoses with cerebral arteriosclerosis, 584, or 19.91 per cent; general paralysis, 267, or 9.09 per cent; psychoses with cerebral syphilis, 20, or .63 per cent; psychoses with Huntington's chorea, 4, or .14 per cent; psychoses with brain tumor, 6, or .20 per cent; psychoses with other brain or nervous diseases, 50, or 1.70 per cent; alcoholic psychoses, 211, or 7.19 per cent; psychoses due to drugs and other exogenous toxins, 12, or .41 per cent; psychoses with pellagra, 2, or .07 per cent; psychoses with other somatic diseases, 91, or 3.10 per cent; manic-depressive psychoses, 367, or 12.52 per cent; involution melancholia, 69, or 2.35 per cent; dementia praecox, 373, or 12.72 per cent; paranoia or paranoid conditions, 171, or 5.83 per cent; epileptic psychoses, 22, or .75 per cent; psychoneuroses and neuroses, 22, or .75 per cent; psychoses with psychopathic personality, 22, or .75 per cent; psychoses with mental deficiency, 77, or 2.63 per cent; and undiagnosed psychoses, 85, or 2.90 per cent. Twenty-six, or .90 per cent, were without psychosis. Attention should be called here again to the fact that the psychoses represented by our first admissions are not consistent with the admission rate shown by other hospitals.

This is due to the fact that the acutely ill, the senile and infirm cases from the City of Boston cannot be removed to distant institutions and for that reason are brought here. It does not, of course, mean that the admission rates for manic-depressive insanity and for dementia praecox are lower in Boston. As a matter of fact, if the senile and arteriosclerotic cases are disregarded, it will be readily apparent that this is not the case.

The forms of mental disease shown by the readmissions for the year, briefly summarized, were as follows: senile psychoses, 7, or 7.95 per cent; psychoses with cerebral arteriosclerosis, 3, or 3.41 per cent; alcoholic psychoses, 6, or 6.82 per cent; psychoses with other somatic diseases, 1, or 1.14 per cent; manic-depressive psychoses, 28, or 31.82 per cent; involution melancholia, 3, or 3.41 per cent; dementia praecox, 17, or 19.32 per cent; paranoia or paranoid conditions, 7, or 7.95 per cent; epileptic psychoses, 4, or 4.54 per cent; psychoses with psychopathic personality, 1, or 1.14 per cent; psychoses with mental deficiency, 7, or 7.95 per cent; and without psychosis, 4, or 4.54 per cent.

Of these admissions, 51, or 57.96 per cent, were committed under the provisions of section 51, chapter 123, General Laws; 26, or 29.54 per cent, were temporary care cases (section 79, chapter 123, General Laws); 7, or 7.95 per cent, were observation cases (section 77, chapter 123, General Laws); and 4, or 4.54 per cent, emergency cases (section 78, chapter 123, General Laws). No voluntary cases (section 86, chapter 123, General Laws) and no cases held under complaint or indictment (section 100, chapter 123, General Laws) or pending examination and hearing (section 55, chapter 123, General Laws) were included in the readmissions for the year.

The following tables show the psychoses of the 400 first admissions for the year classified according to legal status:

Psychoses of Committed Cases (Section 51, Chapter 123, General Laws).

	M.	F.	T.
Senile psychoses.....	10	26	36
Psychoses with cerebral arteriosclerosis.....	36	32	68
General paralysis.....	15	4	19
Psychoses with cerebral syphilis.....	1	2	3
Psychoses with Huntington's chorea.....	0	2	2
Psychoses with other brain or nervous diseases.....	2	—	2
Alcoholic psychoses.....	10	5	15
Psychosis due to drugs or other exogenous toxins.....	1	—	1
Psychoses with other somatic diseases.....	8	2	10
Manic-depressive psychoses.....	11	29	40
Involution melancholia.....	5	4	9
Dementia praecox.....	11	8	19
Paranoia or paranoid conditions.....	11	20	31
Epileptic psychoses.....	1	3	4
Psychoneurosis or neurosis.....	—	1	1
Psychosis with psychopathic personality.....	1	—	1
Psychoses with mental deficiency.....	3	3	6
Undiagnosed psychoses.....	2	4	6
Without psychosis.....	4	—	4
Total.....	132	145	277

Psychoses of Emergency Cases (Section 78, Chapter 123, General Laws).

	M.	F.	T.
General paralysis.....	1	—	1
Alcoholic psychosis.....	1	—	1
Psychosis due to drugs or other exogenous toxins.....	1	—	1
Dementia praecox.....	—	1	1
Paranoia or paranoid conditions.....	—	2	2
Total.....	3	3	6

Psychoses of Temporary Care Cases (Section 79, Chapter 123, General Laws).

	M.	F.	T.
Senile psychoses.....	3	22	25
Psychoses with cerebral arteriosclerosis.....	18	11	29
General paralysis.....	6	2	8
Psychosis with cerebral syphilis.....	—	1	1
Psychosis with other brain or nervous disease.....	1	—	1
Alcoholic psychoses.....	3	—	3
Psychoses with other somatic diseases.....	2	6	8
Manic-depressive psychoses.....	5	3	8
Involution melancholia.....	—	1	1
Dementia praecox.....	3	3	6
Paranoia or paranoid conditions.....	1	3	4
Epileptic psychoses.....	1	2	3
Psychoses with mental deficiency.....	2	1	3
Undiagnosed psychoses.....	—	2	2
Total.....	45	57	102

Psychoses of Observation Cases (Section 77, Chapter 123, General Laws).

	M.	F.	T.
Senile psychosis.....	—	1	1
Psychosis with cerebral arteriosclerosis.....	—	1	1
Psychosis with cerebral syphilis.....	—	1	1
Alcoholic psychosis.....	—	1	1
Manic-depressive psychoses.....	2	1	3
Dementia praecox.....	—	2	2
Paranoia or paranoid condition.....	—	1	1
Epileptic psychosis.....	—	1	1
Psychoneuroses and neuroses.....	1	1	2
Psychoses with mental deficiency.....	1	1	2
Total.....	4	11	15

One hundred and ninety-five temporary care cases (section 79, chapter 123, General Laws) were admitted during the year ending September 30, 1927. Of these, 116, or 59.50 per cent, were committed under the provisions of section 51, chapter 123, General Laws; 21, or 10.76 per cent, changed to observation status; none to voluntary status; 6, or 3.08 per cent, to emergency status; 1, or .51 per cent, to section 100, chapter 123, General Laws (held on complaint or indictment); 45, or 23.07 per cent, were discharged; 3, or 1.54 per cent, died; and 3, or 1.54 per cent, remained at the end of the statistical year. Of the 45 discharged, none were discharged as recovered; 5, or 11.11 per cent, were discharged as improved; 35, or 77.78 per cent, as unimproved; and 5, or 11.11 per cent, as without psychosis.

Sixteen emergency cases (section 78, chapter 123, General Laws), including six cases from section 79, were admitted during the year. Twelve of these were committed in accordance with section 51, chapter 123, General Laws; two were discharged (both as unimproved); one died; and one remained at the end of the statistical year.

Sixty-six observation cases (section 77, chapter 123, General Laws), including 21 cases from section 79, were admitted during the year. Of these, 30, or 45.45 per cent, were subsequently committed under the provisions of section 51, chapter 123, General Laws; 26, or 39.40 per cent, discharged; and 10, or 15.15 per cent, remained at the end of the statistical year. Of the 26 discharges, 5, or 19.23 per cent, were discharged as recovered; 7, or 26.92 per cent, as improved; none as unimproved; and 14 or 53.85 per cent, as without psychosis.

Thirteen cases held under complaint or indictment (section 100, chapter 123, General Laws) were admitted during the year. Of these, four were discharged and returned to Court (one each, recovered, improved, unimproved, and without psychosis), and nine remained on the books of the hospital at the end of the statistical year.

No voluntary cases (section 86, chapter 123, General Laws) and no cases pending examination and hearing (section 55, chapter 123, General Laws) were admitted during the year.

The following table shows the psychoses of all cases admitted as temporary care, all forms, and subsequently committed under the provisions of section 51, chapter 123, General Laws, for the seven-year period beginning October 1, 1920:

	M.	F.	T.
Traumatic psychoses.....	4	1	5
Senile psychoses.....	41	103	144
Psychoses with cerebral arteriosclerosis.....	92	99	191
General paralysis.....	36	10	46
Psychoses with cerebral syphilis.....	4	4	8
Psychoses with Huntington's chorea.....	—	2	2
Psychoses with brain tumor.....	1	—	1
Psychoses with other brain or nervous diseases.....	13	3	16
Alcoholic psychoses.....	45	15	60
Psychoses due to drugs and other exogenous toxins.....	1	3	4
Psychoses with pellagra.....	—	—	—
Psychoses with other somatic diseases.....	13	21	34
Manic-depressive psychoses.....	46	80	126
Involution melancholia.....	2	9	11
Dementia praecox.....	46	44	90
Paranoia and paranoid conditions.....	6	36	42
Epileptic psychoses.....	4	4	8
Psychoneuroses and neuroses.....	6	6	12
Psychoses with psychopathic personality.....	6	7	13
Psychoses with mental deficiency.....	13	15	28
Undiagnosed psychoses.....	8	13	21
Without psychosis.....	2	4	6
Total.....	389	479	868

The total number of cases discharged during the year was 229. Of this number 56, or 24.45 per cent, were discharged as recovered; 130, or 56.77 per cent, as improved; 38, or 16.60 per cent, as unimproved; and 5, or 2.18 per cent, as without psychosis. Of the 56 recovered cases, 2, or 3.57 per cent, were cases of senile psychosis; 8, or 14.27 per cent, alcoholic psychosis; 2, or 3.57 per cent, psychosis due to drugs and other exogenous toxins; 36, or 64.29 per cent, manic-depressive psychosis; 3, or 5.36 per cent, psychoneurosis or neurosis; 2, or 3.57 per cent, psychosis with mental deficiency; and each of the following, 1, or 1.49 per cent: psychosis with cerebral arteriosclerosis, psychosis with other somatic disease, and psychosis with psychopathic personality. Of the 130 cases discharged as improved, 3, or 2.31 per cent, were cases of senile psychosis; 10, or 7.69 per cent, psychosis with cerebral arteriosclerosis; 4, or 3.07 per cent, general paralysis; 2, or 1.54 per cent, psychosis with cerebral syphilis; 12, or 9.23 per cent, alcoholic psychosis; 3, or 2.31 per cent, psychosis with other somatic disease; 25, or 19.23 per cent, manic-depressive psychosis; 2, or 1.54 per cent, involution melancholia; 37, or 28.46 per cent, dementia praecox; 14, or 10.77 per cent, paranoia or paranoid condition; 2, or 1.54 per cent, psychoneurosis or neurosis; 2, or 1.54 per cent, psychosis with psychopathic personality; 9, or 6.92 per cent, psychosis with mental deficiency; 3, or 2.31 per cent, undiagnosed psychosis; and 1, or .77 per cent, each, traumatic psychosis and psychosis with other brain or nervous disease. Of the 38 cases discharged as unimproved, 6, or 15.78 per cent, were cases of manic-depressive psychosis; 11, or 28.94 per cent, dementia praecox; 3, or 7.90 per cent, psychosis with other somatic disease; 2, or 5.26 per cent, each, senile psychosis, psychosis

with cerebral arteriosclerosis, general paralysis, psychosis with other brain or nervous disease, paranoia or paranoid condition, epileptic psychosis, and psychoneurosis or neurosis; and 1, or 2.64 per cent, each, involution melancholia, psychosis with psychopathic personality, psychosis with mental deficiency, and undiagnosed psychosis.

The following is a study of the entire hospital residence (including other institutions for mental diseases) of the cases discharged during the year: Thirteen, or 5.68 per cent, were discharged after a residence of less than one month; 73, or 31.87 per cent, after a residence of from one to six months; 39, or 17.03 per cent, from six months to one year; 32, or 14.00 per cent, from one to two years; 20, or 8.73 per cent, from two to three years; 15, or 6.55 per cent, from three to four years; 14, or 6.11 per cent, four to five years; 20, or 8.73 per cent, five to ten years; and 3, or 1.30 per cent, ten years or over. The average duration of hospital residence was one year, ten months, and eleven days.

Of the 261 deaths occurring during the year, 163, or 62.45 per cent, represented cases dying at the age of sixty or over. In 98 cases, or 37.16 per cent, death occurred at the age of seventy or over. Of the 1,842 deaths occurring at the hospital during the seven-year period beginning October 1, 1920, 1,067, or 57.92 per cent, were cases dying at the age of sixty or over; and in 638, or 34.63 per cent, death occurred at the age of seventy or over.

The principal causes of death during the year were as follows: bronchopneumonia, 83, or 35.63 per cent; arteriosclerosis, 26, or 9.96 per cent; tuberculosis of the lungs, 29, or 11.11 per cent; endocarditis and myocarditis, 49, or 18.77 per cent; general paralysis of the insane, 13, or 4.98 per cent; lobar pneumonia, 22, or 8.43 per cent; cerebral hemorrhage, 9, or 3.83 per cent; and cancer, 4, or 1.53 per cent.

The psychoses represented by deaths occurring in the hospital during the year were as follows: senile psychoses, 57, or 21.84 per cent; psychoses with cerebral arteriosclerosis, 80, or 30.65 per cent; general paralysis, 36, or 13.80 per cent; psychoses with Huntington's chorea, 3, or 1.15 per cent; psychoses with other brain or nervous diseases, 4, or 1.54 per cent; alcoholic psychoses, 3, or 1.15 per cent; psychoses with other somatic diseases, 17, or 6.51 per cent; manic-depressive psychoses, 20, or 7.66 per cent; involution melancholia, 3, or 1.15 per cent; dementia praecox, 23, or 8.82 per cent; paranoia and paranoid condition, 8, or 3.06 per cent; epileptic psychoses, 3, or 1.15 per cent; undiagnosed psychosis, 2, or .76 per cent; and psychoneurosis or neurosis and psychosis with mental deficiency each 1, or .38 per cent. Of the 57 cases of senile psychosis dying in the hospital during the year, 22, or 38.60 per cent, were due to bronchopneumonia, and 19, or 33.33 per cent, to endocarditis and myocarditis. Of the 80 cases of psychosis with cerebral arteriosclerosis, death was due in 31, or 38.75 per cent, to bronchopneumonia, in 16, or 20.00 per cent, to endocarditis and myocarditis, and in 16, or 20.00 per cent, death was attributed directly to arteriosclerosis. Of the 36 cases of general paralysis, 17, or 47.22 per cent, were reported as dying from bronchopneumonia, and in 13, or 36.11 per cent, general paralysis of the insane was given as the cause of death. Of the 23 cases of dementia praecox, death was due in 15, or 65.22 per cent, to pulmonary tuberculosis.

Of the 261 patients dying in the hospital during the year, the total duration of hospital residence was as follows: one year or less, 134, or 51.34 per cent; one to two years, 32, or 12.26 per cent; two to three years, 21, or 8.05 per cent; three to four years, 17, or 6.51 per cent; four to five years, 7, or 2.68 per cent; five to six years, 8, or 3.07 per cent; six to seven years, 11, or 4.21 per cent; seven to eight years, 5, or 1.92 per cent; eight to nine years, none; nine to ten years, 2, or .76 per cent; ten to fifteen years, 15, or 5.75 per cent; fifteen to twenty years, 1, or .38 per cent; and over twenty years, 8, or 3.07 per cent. The duration of hospital residence was ascertained in all cases during the year. The psychoses showing the longest

hospital residence were as follows: alcoholic psychosis, one over 34 years; manic-depressive psychosis, one over 20 years and one over 32 years; and dementia praecox, one over 17 years, one over 21 years, one over 24 years, one over 28 years, and one over 33 years. The following shows the duration of hospital residence of all cases dying in the hospital during the seven-year period beginning October 1, 1920: one year or less, 939, or 50.98 per cent; one to two years, 258, or 14.00 per cent; two to three years, 162, or 8.80 per cent; three to four years, 90, or 4.88 per cent; four to five years, 81, or 4.40 per cent; five to six years, 34, or 1.85 per cent; six to seven years, 50, or 2.71 per cent; seven to eight years, 39, or 2.12 per cent; eight to nine years, 26, or 1.41 per cent; nine to ten years, 29, or 1.57 per cent; ten to fifteen years, 77, or 4.18 per cent; fifteen to twenty years, 21, or 1.14 per cent; and over twenty years, 34, or 1.85 per cent. In this total of 1,842 deaths, the duration of hospital residence was unascertained in 2, or .11 per cent.

The following general statistical information relating to ward service should be of interest:

	Males	Females	Totals	Percent
Average daily population.....	913.16	1,234.87	2,148.03	100.00
In bed.....	105.47	117.50	222.97	10.38
In restraint.....	.95	2.51	3.46	.15
In seclusion.....	1.44	7.00	8.44	.39
Eating in dining rooms.....	781.79	737.23	1,519.02	70.72
Eating in wards.....	131.37	497.64	629.01	29.28
Fed by nurses.....	17.19	78.40	95.59	4.45
Idle.....	400.85	580.98	981.83	45.71
Employed.....	512.31	653.89	1,166.20	54.29
Parole of grounds.....	119.02	25.43	144.45	6.72
Out for exercise.....	802.78	825.03	1,627.81	75.78
Noisy.....	42.62	148.14	190.76	8.88
Violent.....	.34	47.41	47.75	2.22
Destructive.....	10.94	107.43	118.37	5.51
Soiled or wet.....	88.20	180.94	269.14	12.53
Taking medicine.....	16.87	23.19	40.06	1.86
Infirm.....	344.45	408.06	752.51	35.03

The average daily number for the entire year is represented in each instance in the percentages given in the preceding table, that is: the average daily number of patients in bed was 222.97, or 10.38 per cent of the average daily number of patients in the wards of the hospital for the year, and the average daily number out for exercise was 1,627.81, or 75.78 per cent of the same average daily population. The large percentage of bed cases shown, over ten per cent, is explained by the fact that many senile and infirm cases, which cannot readily be removed to institutions outside of the metropolitan district, are of necessity received at the Boston State Hospital. This accounts in some measure for the large proportion of our patients who belong to the infirmary class,—thirty-five per cent of the total number cared for. The continued shortage of trained nurses and attendants is partly responsible for the amount of restraint and seclusion as shown by the above table, although this is small, and has decreased somewhat during the year. If the percentage of the infirm (including the bed patients) is taken into consideration, it will be noted that quite a large proportion of our patients goes out daily, and the average daily number of patients employed in useful occupations is very gratifying. The average daily number of noisy patients is of considerable interest. The actual number of violent patients does not bear out popular ideas regarding institutions of this type.

GENERAL HEALTH OF THE HOSPITAL.

The health of the patients has been good throughout the past year, and there have been no epidemics or unusual illnesses. Various minor accidents and injuries

occurred in the wards from time to time and were all reported in the usual manner to the Board of Trustees and the Department of Mental Diseases.

Five hundred and fourteen Wassermann examinations were made for us by the State Department of Public Health,—453 blood serum and 61 cerebrospinal fluid. Dr. Roy D. Halloran has continued the treatment of neurosyphilis during the year, administering 416 treatments to twenty-four different patients,—an average of 17.33 treatments per patient.

EMPLOYEES.

On September 30, 1926, there were 424 persons in the employ of the hospital. During the year, 429 were appointed, 405 resigned, and 13 were discharged. Eight hundred and fifty-three persons occupied 464.5 positions,—a rotation of 1.83. The average daily number of employees during the year was 438.19, with 4.41 per cent of vacancies. The average daily number in the ward service was 253.46, with 4.51 per cent of vacancies. The ratio of ward employees to patients was one to 8.47, and of all employees, one to 4.90. The shortage of employees has decreased somewhat during the year. A large number of visitors come to the hospital to see their relatives and friends, and it is difficult to give them proper attention with a too limited number of attendants and nurses. On many days there are eight or nine hundred visitors, and we have had as many as 1,275 on one day. A greater number of accidents, injuries, and escapes doubtless occur than would be the case if there were more graduate nurses among our employees.

MEDICAL SERVICE.

On April 14, 1927, Dr. Norval D. Marbaker was appointed assistant physician to fill the vacancy caused by the resignation of Dr. George H. Maxfield, senior assistant physician, in October of last year. He resigned on September 18, 1927. Dr. Alexander Marcotte, assistant physician since July 25, 1925, resigned on August 1, 1927. To fill the vacancy thus created, Dr. Leo T. Kewer was appointed assistant physician on October 1, 1927, but resigned because of ill health on October 5, 1927. Dr. Kewer served here as an assistant physician from February 1, 1920, to March 25, 1921. On November 15, 1927, Dr. Gerald F. Houser was appointed to the position of assistant physician to succeed Dr. Norval D. Marbaker. Dr. Houser is a graduate in medicine from the University of Toronto and was transferred to this institution from the staff of the Danvers State Hospital. On January 1, 1927, Dr. Julius Loman was appointed assistant physician to have charge of the work of the pathological laboratory. Dr. Loman was born in Chelsea, is a graduate of the English High School of Boston, and received his degree in medicine from Tufts College Medical School in 1925. He has served as an interne at the Boston City Hospital and has had special instruction in pathological laboratory technique. Dr. George G. Kelly, assistant physician at this hospital since December 4, 1924, has presented his resignation, to take effect on December 4, 1927, on account of failing eyesight.

Staff meetings have been held as usual, alternating between the East Group and the West Group, with one meeting each month at the pathological laboratory. At these meetings an effort is made to present all new admissions, as well as cases about to leave the hospital on visit or cases to be discharged.

Dr. Irving J. Walker of Boston has continued to have charge of the surgical work of the hospital during the year, and has visited the institution as usual. Two cases were sent to the Boston City Hospital for operation. The more important operations of the year at this institution were as follows: Amputation of the breast, 2; Appendectomy, 2; Dilatation and curettage, 1; Excision of carbuncle from back, 2; Herniotomy, 3; Hysterectomy, 2; Incision of infected hand, 2; Incision of left external auditory meatus, 1; Incision of scrotum, 1; Removal of

growth on upper lip, 1; Removal of hemorrhoids, 2; Removal of wen, 1; Uterine repair, 1.

As in past years, all patients who gave any promise of benefit were given continuous and systematic treatment in the venereal clinic by Dr. Roy D. Halloran. This consisted of weekly intravenous injections of tryparsamid, an arsenical which has shown more promise than any other specific in the treatment of neurosyphilis. For the purpose of study these cases were divided into two groups: those who had completed the malarial treatment described in last year's report, and those who had not had this form of treatment. It is believed by many that the following-up of the febrile treatment with some specific, such as tryparsamid, is attended with more striking results. Some patients had been given malarial treatment before admission and others were previously treated in this clinic, either during the preceding year or during the early part of this year. Altogether, twenty-four cases received four hundred and eleven intravenous injections. The maximum dose was 3 grams. After only a year's observation of the combined form of treatment, only general observations are possible. It may be said that slightly more than half have shown improvement mentally and physically. Four are living outside the hospital. Two of these show no demonstrable mental symptoms. The other two are making a fair economic adjustment. Of the remainder, three have maintained their mental status. One died following a series of convulsions, and one continued to deteriorate gradually. Over one-half of those treated with tryparsamid only showed no apparent progress in the disease. One had been deteriorating rapidly and died after only a few treatments. Because of the wide use of the malarial treatment, a considerable number of cases of neurosyphilis admitted have had previous inoculations. Most of these cases represent the unsuccessful sequelae of the treatment, committed with unfavorable prognoses, for prolonged hospital care.

A logical method of studying the brain metabolism by comparing products in the blood withdrawn from the carotid artery, internal jugular and basilic veins was described in last year's report and has been carried on here by the Department of Mental Diseases under the supervision of Dr. Abraham Myerson of Tufts College Medical School. The difficulties arising from inadequate laboratory cooperation were overcome. About the first of the calendar year a modern and thoroughly equipped biochemical laboratory was installed in the basement of the F Building in the West Group, a location most desirable because of its proximity to the operating room where the specimens from patients are obtained. A biochemist of long experience was engaged. A group of forty-four cases of dementia præcox was selected with the cooperation of the relatives, and preparations for the investigations were ready. Because of the large number of tests with the proper controls necessary, the work has proceeded slowly. Specimens were examined for various metabolic products and the results tabulated. Wherever an apparent deviation from the known normal occurred, special tests and observations were made. It is yet too early to draw any definite conclusion. In all the tests thus far, with the exception of the carbon dioxide determination, there have been no consequent variations between the arterial and the venous blood specimens but in practically all cases, male and female, subnormal amounts of lecithin and cholesterol were found. The explanation for this is obviously not available at this time. It is believed that this method may be applied to the study of brain infections. With the purpose of stimulating interest and broader investigation, a preliminary report was read on April 26, 1927, before the Massachusetts Psychiatric Society, with the title, "A Method of Study of Brain Metabolism by Internal Jugular and Internal Carotid Punctures". A description of the technic entitled, "Technic for Obtaining Blood from the Internal Jugular Vein and Internal Carotid Artery" was published in the "Archives of Neurology and Psychiatry", June, 1927.

The Boltz Test, an acetic anhydride sulphuric acid test, was first described in the American Journal of Psychiatry in 1923 as a simple and specific spinal fluid test for general paralysis. The report was essentially corroborated by Grossman in the Journal of Mental Science in 1925, and by Harris in the British Medical Journal in 1926. It consisted briefly of the addition of .3 cm. of acetic anhydride to 1 cc. of spinal fluid and the further addition of .8 cm. of concentrated sulphuric acid. A lilac tint appearing immediately was considered a positive test for general paralysis. With the purpose of determining the practical value of this test, a considerable number of spinal fluids from general paralytics and from cases having a great variety of mental diagnoses were treated. Specimens from cases of acute and chronic meningidities and spinal cord tumors were obtained from the general hospital services. It was first observed that unless an acetic anhydride manufactured by a certain drug company was used, variable results were obtained. This product was later found to contain an impurity in greater quantity than in the products of other drug houses. The impurity was suspected as the cause of the color reaction. The Boltz Test was finally found, by Dr. Halloran and Dr. Marbaker, to be positive in all cases where there was an increase in protein in the spinal fluid, whatever the diagnosis. It was invariably positive in tests upon the supernatant blood serum where there are known to be quantities of protein. It seems fair to conclude that the Boltz Test is not a specific spinal fluid test for general paralysis.

OUT-PATIENT SERVICE

An important part of the work of the out-patient department is the supervision of patients in family care and those on visit, also the after care of cases discharged from the custody of the hospital. Many persons come to the hospital to consult members of the staff and receive medical advice on matters concerning their own welfare or that of their family or relatives. Social workers make frequent visits to patients who have been allowed to go home or who have left the hospital temporarily for family care. At regular intervals patients on visit are required to report at the hospital for observation. Many former patients who have been discharged are kept under the supervision of our social workers and physicians. Some cases which appear for consultation are referred to their family physicians or to the Boston Psychopathic Hospital. The following table shows the movement of patients under the supervision of the out-patient department:

	Males	Females	Total
In family care September 30, 1926.....	0	7	7
On visit September 30, 1926.....	105	121	226
On escape September 30, 1926.....	2	3	5
On visit from family care September 30, 1926.....	0	0	0
Dismissed to family care during the year.....	0	11	11
Dismissed on visit during the year.....	788	417	1205
Escaped during the year.....	12	0	12
Admitted from family care during the year.....	0	6	6
Admitted from visit during the year.....	722	314	1036
Admitted from escape during the year.....	9	1	10
Admitted from family care and discharged.....	0	2	2
Admitted from visit and discharged.....	91	110	201
Admitted from visit from family care.....	0	0	0
Admitted from visit from family care and discharged.....	0	0	0
In family care September 30, 1927.....	0	10	10
On visit September 30, 1927.....	80	114	194
On escape September 30, 1927.....	5	0	5
On visit from family care September 30, 1927.....	0	0	0

SOCIAL SERVICE DEPARTMENT

The following is a summary of the social service work done during the year:	
Total number of cases considered.....	864
New cases, Hospital.....	376
New cases, School clinic.....	107
New cases, Community.....	1
Renewed cases from previous years.....	83
Renewed cases within the year.....	70
Continued cases from the previous year.....	227
Closed cases during the year:	
Hospital.....	379
School clinic.....	93
Community.....	1
Cases continued.....	391
Sources of new cases:	
Referred by physicians:	
Hospital.....	250
School.....	107
Referred by community agencies.....	79
Referred by friends or relatives.....	5
Selected by Social Service.....	43
Purposes for which cases were referred:	
Histories:	
Hospital patients.....	72
School clinic cases.....	107
Investigation:	
Conduct disorders.....	31
Employment situations.....	19
Home conditions.....	77
Statements of patients.....	30
Statements of others.....	39
Full social investigations.....	28
Court investigations.....	10
Location of relatives.....	23
Supervision:	
In the home.....	111
In industry.....	1
In the community.....	41
Care of patients' families.....	20
Personal services.....	81
Placement.....	15
Problems in all cases:	
Disease:	
Mental.....	757
Physical.....	5
Sex problems:	
Prostitution.....	2
Promiscuity.....	6
Wayward tendencies.....	14
Environment:	
Financial difficulties.....	6
Employment difficulties.....	23
Unsuitable surroundings.....	7
Friction (family 39, others 16).....	55

Marital difficulties.....	19
Personality problems:	
Temperament.....	12
Anti-social habits.....	28
Vacillating interests.....	3
Educational problems:	
Readjustment of habits of mind.....	48
Recreation; church; social relationships.....	8
Legal problems:	
Concerning property or support.....	2
Resulting from the conduct of patient.....	1
General problems:	
Resourcelessness.....	4
Retardation in school.....	101
Nature of service rendered:	
Medical:	
Information relating to school history.....	107
Information relating to medical history.....	193
Information relating to home conditions.....	121
Information relating to conditions of out-patients.....	143
Arrangements for medical assistance.....	6
Social:	
Adjustments for patients:	
Environment.....	60
Personal relations.....	7
In industry.....	4
Advice to relatives.....	129
Advice to patients.....	76
Advice to others.....	24
Connecting with agencies.....	65
Connecting with individuals.....	43
Family assistance:	
Legal.....	2
Miscellaneous.....	13
Arrangements for further study or training.....	10
Personal services.....	67
Placement work:	
Home.....	20
Industry.....	5
Locations of relatives.....	16
Total number of visits.....	1523
To patients on the ward.....	301
To patients on visit.....	337
To relatives or friends.....	496
To social agencies.....	135
To others.....	254

During the year there have been several changes in the personnel of the department. One worker resigned to take a position in another hospital, and another left to return to her home in the Middle West. These vacancies have both been filled and the department is now well equipped, with a staff of four paid workers, since a new position was created providing for one more assistant. The Smith College and the Simmons Schools for Social Work are represented on the staff, and

both the hospital and the Smith College School for Social Work have been served by the work of three students in training.

PATHOLOGICAL LABORATORY

The work of the laboratory has been carried on by Dr. Julius Loman since his appointment on January 1, 1927. Up to that time Dr. Marjorie Fulstow, pathologist to the Department of Mental Diseases, continued to have charge of the autopsies at the hospital.

The following is a summary of the routine work of the pathological laboratory for the year: Autopsies, 89; Blood examinations: Cell counts, red, 42; Cell counts, white, 42; Cell counts, differential, 42; Hemoglobin estimation, 42; Bacteriological examinations, 11; Examinations of feces, 1; Sections stained, 825; Sputum examinations, 29; Surgical specimens, 4; Throat cultures, 2; Urinalyses, 817.

There has been a considerable increase in the autopsy percentage over that of the preceding year. The number of deaths in the hospital was 267, 89 of which came to autopsy, making the autopsy percentage 33.33.

The psychoses in the cases coming to autopsy were as follows: senile psychoses, 17; psychoses with cerebral arteriosclerosis, 36; general paralysis, 7; psychosis with cerebral syphilis, 1; psychoses with other brain or nervous diseases, 2; alcoholic psychosis, 1; psychoses with other somatic diseases, 5; manic-depressive psychoses, 8; dementia praecox, 6; paranoia or paranoid condition, 3; psychoneurosis, 1; undiagnosed psychoses, 2.

The following were the causes of death: arteriosclerosis, general, 4; bronchopneumonia, 24; carcinoma of the sigmoid, 1; carcinoma of the uterus, 1; cerebral hemorrhage, 4; coronary thrombosis, 1; cystitis, acute, 3; empyema, 1; endocarditis, acute and chronic, 3; extradural hemorrhage (traumatic), 1; general paralysis, 2; ileocolitis, acute, 4; lobar pneumonia, 15; miliary tuberculosis, acute, 1; multiple infarcts of lung, 1; myocarditis, chronic, 7; nephritis, chronic, 1; peritonitis, acute, 2; pernicious anemia, 1; pleurisy with effusion, 1; pulmonary tuberculosis, 8; septicemia, general, 1; tuberculosis of the ileum, 1; volvulus of the sigmoid, 1.

Laboratory staff meetings with demonstrations of gross and microscopic specimens were held on the following cases: General paralysis, cerebral abscess, interpeduncular tumor, cord involvement in pernicious anemia, cerebrospinal syphilis with unusual cord involvement, and traumatic extradural hemorrhage with widespread meningitis.

DENTISTRY

The dental work of the hospital has been carried on throughout the year by Dr. Martin P. Rose, resident dentist, with the aid of a dental assistant for about nine months. An effort is made to give each patient an examination at least twice during the year, although it is not possible to do this in all cases. Any conditions requiring treatment are noted on the dental charts, and patients are given such attention as may be found necessary. Ether has been used in a considerable number of cases where the use of a local anesthetic was contraindicated. The following is a summary of the work accomplished during the year: Alveolotomies, 8; Curettements, 189; Extractions, 1,852; Facial inflammatory iodoform gauze drains, 26; Fillings, 385; Medicinal treatments, 490; Patients examined, 1,529; Patients treated 2,053; Prophylaxis, 437; Restorations, 54; Sutures, 92.

HYDROTHERAPY

The work of the hydrotherapy department of the hospital has been carried on during the year under the direction of Miss Frances N. O'Regan at the East Group and Mr. Perley M. Silver at the West Group. Four thousand nine hundred and

eleven continuous baths and 24,074 wet sheet packs were given, making the average daily number of continuous baths 13.45 and the average daily number of wet sheet packs 65.96. In addition to the above, the following treatments were given during the year: salt glows, 821; hair shampoos, 1,052; tub shampoos, 736; Swedish shampoos, 502; rain douches, 63; pail douches, 358; fomentations, 10; saline baths, 628; Sitz baths, 370; hot and cold to spine, 664; foot baths, 21; foot baths as preparatory treatment, 1,049; wet sheet packs as preparatory treatment, 238; wet mitten friction, 128; vapor baths, 167; needle sprays, 4,622; fan douches, 4,560; massotherapy, 1,251. In this department instruction has also been given, consisting of 107 lessons. One hundred and forty-eight different persons were treated, with the following psychosis: general paralysis, 1; psychosis with cerebral syphilis, 1; psychoses with other brain or nervous diseases, 4; alcoholic psychoses, 2; manic-depressive psychoses, 43; dementia praecox, 63; paranoid condition, 6; epileptic psychoses, 2; psychoneuroses and neuroses, 3; psychoses with psychopathic personality, 2; psychoses with mental deficiency, 9; undiagnosed psychoses, 11; and without psychosis, mental deficiency, 1.

SCHOOL CLINIC

Four hundred and eighty-six pupils were examined during the year. According to intellectual equipment these pupils were classified as follows: intellectually defective, 145, or 29.84 per cent; borderline, 162, or 33.33 per cent, dull normal, 115, or 23.66 per cent; normal, 52, or 10.70 per cent; superior normal, 3, or .62 per cent; and undiagnosed, 9, or 1.85 per cent. That thirty per cent only are found to be definitely feeble-minded demonstrates again a fact found in the work of previous years, namely, that deficiency of intelligence is by no means the sole explanation of unsatisfactory work in the grades. A surprisingly large number of pupils with normal intellectual equipment are found in the school clinic. Their poor school work is traced to various disabilities of the physical machinery, to neurotic and psychopathic disorders, personality deviations, and other mental considerations entirely apart from intellectual equipment. Such disabilities do not lend themselves readily to statistical classification, hence are not separately enumerated. These latter problems require far more time for study, their solution, much more than the designation "feble-mindedness", and placement in a special class. Their psychiatric significance is considerable because of possible bearing on future understanding of the beginnings of psychoses. The data now accumulating will have case record value later on. A paper entitled "The Questioned Intelligence Quotient", a study of the cases retested in the school clinic since its inception, received the second prize in the contest of the New England Society of Psychiatry.

TRAINING SCHOOL FOR NURSES

Ten graduates of the Boston State Hospital training school are now employed in the wards of the institution. The instruction of employees who are to care for the patients in our wards is one of the most important objects of the nurses' training schools, but it is also desirable to graduate nurses who are qualified to care for psychiatric cases in the community. Training schools for nurses in State hospitals are, however, becoming more and more difficult to maintain. At the present time there are no pupils in our training school and no applications are being received from persons who meet the minimum requirements for entrance. Work in other fields of nursing is more attractive to graduate nurses, and we find continued difficulty in retaining graduates of our own school. If the standards of our hospitals are to be maintained, we must have more graduate nurses. The systematic instruction of attendants, both male and female, is being carried on along the lines prescribed by the committee on training schools, representing the Department of Mental Diseases.

OCCUPATIONS AND INDUSTRIES

The work of the occupational therapy department has been continued during the year under the direction of Miss Clara H. Offutt, head therapist. Of the 1,123 patients who have come under the department, 82 have improved enough to go home; 32 have been transferred to the industrial department; 4 have gone to other hospitals; 4 have been sent to the Occupational Therapy Center at Hopkinton; and 21 have died. The average daily number occupied in the male wards was 106, and in the female, 291, making a total daily average of 397. The highest number occupied on any one day was 498. The authorized personnel remains the same as in former years,—one head therapist and eight assistants. Four attendants are also assigned for duty in this department. Classes are conducted in class rooms and on most of the wards in both the East and the West Group. The men's acute and disturbed service has far outgrown the quarters assigned for work and a well equipped class room is very much needed. Work for women consists of weaving, sewing, braiding, needle work, knitting, crocheting, basketry, rake-knitting, rug making, and mending. During the year 3,006 garments and 775 pairs of hose have been mended in the women's service. The work for men consists of weaving, stencilling, basketry, rug making, rake-knitting, painting, toy making, and knotting key cord.

The "occupational therapy center for mental patients" at Hopkinton has come successfully through another year, and it is the belief of those most directly connected with it that we have now gathered together the kind of group which we have most desired since the enterprise began. More and more we are finding the type of woman who needs a comparatively short period for complete mental convalescence. This type has an optimistic outlook and preserves the true nature of the home in the sense for which it was first established, namely, that it should be a place of preparation for returning into the community. We have increased our capacity, which has always been small, and have, by introducing more beds, maintained a population of eleven patients throughout a good part of the year. These patients have come chiefly from the Boston State Hospital, but also we have had them from Worcester and Foxborough, with a marked interest on the part of Danvers, which is waiting for a vacancy. We have one patient who has been at the Center several times and, having made complete recovery and gone into the community, had during the year another episode of the manic-depressive type. Her first request upon emerging from her clouded state was that she might return to Hopkinton, which she did. She has since gone out and adjusted herself in the community, securing her own work and earning a good wage. This place has always meant to her one where she could get on her feet most speedily, and she has in addition a real affection for it. In another case we have a young girl who improved so greatly after a few months that her family was anxious to try her at home. She got along well there for a short time but her old difficulty and antagonism toward her family, which at first had apparently entirely disappeared, reappeared, and to her parents it seemed a godsend that she might return to the Center instead of going to the hospital. She has again improved and it is hoped that a longer period of residence will prove itself permanently beneficial, the next time she goes home. It is interesting to observe the different kinds of manual work carried on by the patients. There are some who have never handled a needle, and who, beginning with clumsy efforts, are amazed to find themselves producing most attractive articles in the course of a few weeks. They are helped by the infinite patience of the occupational therapist, and they are also stimulated to effort by the things that they see being put out by other patients. This individual attention that can be given our patients and the good-natured rivalry which exists among them are two of the things which distinguish the Center from the hospital. Most of the patients have some ability

to begin with, and they produce a large number of articles which are readily salable in some of the exclusive shops both in Boston and in summer resorts. Aside from this group, however, we have two or three who do really beautiful work of a high artistic quality. They are paid very good prices for what they produce, and do credit to any high class establishment. Everything that is made is turned out for the purpose of sale. Not only do the special shops take our products, but many private orders are received. It is surprising how effective in bringing in orders one well placed article may be. A certain type of underarm purse has circulated with great popularity among the young workers in the hospital, and their friends have clamored for others. In addition to these markets we may point with pride to our sale which took place in the spring of this year at the Old Grey House on Beacon Hill. There were many lovely things on display, ranging in price from a modest sum to a fairly large amount. In all, about \$200 was turned into the treasury from this sale. All this gives the patients an extra interest in life, as it not only brings them spending money, but in some cases enables them to pay part of their board at the Center. Moreover, it also puts them in touch with the outside world so that they are as keenly alive to the possibilities on the day of the sale as the workers who have been engaged with them. There has been marked absence of physical illness on the part of the patients beyond the ordinary type of colds. Not only this, but the improvement of physical health in some cases, has been quite remarkable. All the patients go on walks, which they enjoy, and there is never any need of urging them to go. During the summer it was a real pleasure to observe them returning, carrying full pails of berries and laughing and chatting, with all the sense of gaiety and freedom belonging to normal people. There are some who particularly enjoy the bright colors of fall which are so abundantly displayed in this neighborhood, and come home with gorgeous foliage, with which they trim the house. On birthdays, holidays, and so forth, there are always parties which all take part in preparing for, like members of one family. Mrs. L. Vernon Briggs has maintained her profound interest in the work as generously as ever. She has continued to pay the salary of the occupational therapist. During the summer, when she was abroad, she picked up many new ideas for the patients to carry out, so that we have had the benefit of something quite novel for a place of this sort. The Permanent Charity Fund has again voted to pay \$500 for the coming year. The boarding end of the work of the Center still remains under the care of Mrs. Gay, and Miss Alberta Grover is the new occupational therapist, who has been with us through the year. The supervisory committee consists of Mrs. L. Vernon Briggs, Mrs. Sydney Dreyfus, Mrs. Horatio Lamb, Mrs. Henry Tudor, Mrs. Douglas A. Thom, Miss Mildred Bradley, and Mr. William F. Whittemore, treasurer. The head social worker of the hospital, Miss Florence E. Armstrong, is the chairman of the committee.

The work of the industrial room for women has been carried on under the continued direction of Mrs. Madge B. Richardson. This consists of basketry, rug making, weaving, lace making, embroidery, knitting, crocheting, sewing, mending, etc. The estimated value of the articles produced in this department during the year is about \$8,000. The industrial work for men has been carried on under the direction of Mr. James F. Hurley. This is done entirely in the basement of the B Building in the West Group, and includes shoe repairing and various other repair work, the manufacture of several kinds of brushes, brooms, coat hangers, hats, and numerous other articles. The value of the articles produced during the year is estimated at \$11,000. The articles produced in the occupational and industrial departments of the hospital for the year represented an estimated total valuation of \$19,500.

AGRICULTURAL ACTIVITIES FOR THE YEAR

Mr. James V. David, head farmer, had charge of the agricultural work up to the time of his resignation on October 26, 1927. No successor has as yet been appointed. A total of 138 acres was under cultivation. This consisted of 47 acres devoted to gardening, in addition to 87 acres of meadowland, and 4 acres of orchards and small fruits, no change having been made from the preceding year. The estimated value of farm products for the year was \$14,432.49.

FINANCIAL STATEMENT

The maintenance appropriation for the year was \$805,230, in addition to which \$28,821.76 was brought forward from the preceding year. The sum of \$1,000 was transferred to the Boston Psychopathic Hospital. This made the total amount available \$833,051.76.

	Amount Expended	Per Capita	Percentage of Total
Personal Services.....	\$389,266.88	\$179.667	49.734
Travel, Transportation and office expenses.....	7,288.00	3.364	.931
Food.....	175,928.78	81.200	22.478
Clothing and materials.....	30,210.56	13.944	3.860
Furnishings and household supplies.....	43,575.35	20.112	5.568
Medical and general care.....	24,735.76	11.417	3.160
Religious instruction.....	2,079.98	.960	.266
Heat, light and power.....	63,711.70	29.406	8.140
Farm.....	6,111.54	2.821	.781
Garage, stables and grounds.....	5,917.15	2.731	.756
Repairs, ordinary.....	18,455.47	8.518	2.358
Repairs and renewals.....	15,406.01	7.111	1.968
Total.....	\$782,687.18	\$361.251	100.00

Based on the average daily population of the hospital (2,166.60) the per capita cost of maintenance for the year was \$361.251, or \$6.947 per week. The per capita cost for the year 1926 was \$355.716, or \$6.8405 per week. The type of patients cared for in this institution is an important factor in keeping up the cost of maintenance, about one-third of the population being of the infirmary class, and a large percentage bed patients. The lack of agricultural facilities and the absence of a dairy constitute a serious handicap. A large item in the cost of maintenance is the amount required for repairs to old buildings erected by the City of Boston many years ago. The old ward buildings, being made up of small units and consisting largely of single rooms, require a greater number of employees and more supervision than would otherwise be necessary. No buildings designed for purely custodial patients in considerable numbers have ever been erected at this institution.

GENERAL OPERATIONS FOR THE YEAR.

A summary of the general activities of the hospital during the year just ended leaves very little more to be reported. Our efforts have been directed principally towards the maintenance of a stable personnel and the keeping of the various buildings in suitable repair. Our activities have, of course, been limited by the funds made available by the legislature.

The entertainment of patients has been provided for along the usual lines. Loud speakers in the various wards in the East and West Groups have rendered radio service available to the greater number of our patients and this form of entertainment has been very highly appreciated by them. Motion picture shows and dances have been continued in accordance with the custom of former years. The Boston Philharmonic Ensemble presented a very popular concert during the Christmas holidays. A band concert was given at the West Group on June 17th by members of the Boston Musicians' Protective Association. This entertainment was very much enjoyed by the patients. Refreshments were served in the West Group field, followed by a ball game.

Religious services, both Protestant and Catholic, have been held regularly throughout the year, and the wards have been visited as usual by the priest, Rev. E. A. Gallagher, and the rabbi, Rev. Moses L. Sedar.

Routine visits and inspections have been made from time to time by the Commissioner of Mental Diseases and his various representatives, by the Lieutenant Governor and the Executive Council, the Committee on Public Institutions, and the various agents of the Department of Administration and Finance. The hospital was visited on March 10th by a group of physicians representing various countries, who were taking a course of instruction in Public Health under the auspices of the Rockefeller Foundation. A meeting of the Hospital Trustees' Association was held at the East Group on Thursday, May 26th.

The various changes deemed desirable by the Department of Mental Diseases for the purpose of fire prevention have been continued during the year. These alterations were made possible by an appropriation provided for in Chapter 347 of the Acts of 1925. The work completed during the year and not previously reported was as follows: Kalamein doors were installed in the East Group in the basements of the A, C, and D buildings, in the corridors leading from the administration building to the chapel, and from the chapel to the A Building, and in the laundry building; and in the West Group in the administration building, in A and B buildings and in the attendants' cottage. Elaborate fire escapes have been installed on the farmers' cottage in the West Group.

The painting completed during the year was as follows: Interior of the West A Building and the West H Building; corridors adjoining the administration building in the West Group; interior of the West Group kitchen and dining room building; exterior of the nurses' home in the West Group; old serving room adjoining the chapel in the East Group; visitors' room in the basement of the West F Building; upper floor of the East B Building; stairways and part of the first floor of the East C Building; exterior of the administration building in the East Group completed; woodwork on the exterior of the nurses' home in the East Group; office of the superintendent of nurses, East Group administration building.

A new cement floor was installed in the basement of the West H Building.

A new foundation has been installed under the barn near the piggery. This is the building which was moved from the West Group some years ago. Another old barn building has been made over into a storehouse for wagons, etc. The old icehouse near the piggery has been remodelled and is now used for storage purposes.

A surface drain in the rear of the East B Building was relaid during the summer.

All of the old wooden steps in the rear of the various ward buildings in the West Group were removed during the year and replaced by concrete structures.

The roofs of the A and B buildings in the East Group and the B and C buildings in the West Group were extensively repaired during the summer; also the roof of the power house.

The old wooden shingle roof on the old farm house in the West Group was replaced by an asphalt roof. Extensive repairs were made on this building during the summer.

A new Monel-Stuart washing machine was installed in the laundry during the year.

A new hot water heater was installed in the basement of the East G Building.

Six new food wagons were purchased for the West Group kitchen and dining room building. This has greatly facilitated the service of hot food in the various dining rooms in that Group.

Quite a little grading has been done during the year, and we are still engaged in endeavoring to remove the hill at the corner of Canterbury and Morton streets.

I regret to report the death of Mr. Hubbard C. Packard, who had been the

hospital mason for many years. Death occurred on January 11, 1927, as the result of a stroke of paralysis.

I regret to report that Mr. Rollin F. Knapp, the hospital meat cutter, dropped dead on July 22nd, while in the active performance of his duties.

A small laboratory has been fitted up in the West F Building by the Department of Mental Diseases for the purpose of making studies of metabolism in the treatment of cases of dementia praecox, general paralysis, etc.

The work of filling in the area west of Morton Street and north of the Canterbury Branch of Stony Brook has been completed and the contractor is now dumping ashes on the land south of Stony Brook and west of Morton Street.

Work has been commenced on a small brick incinerator in the rear of the power house in the East Group.

The channel of the Canterbury Branch of Stony Brook, which runs through the West Group grounds and which was cleaned out by the City of Boston during the summer of 1926, is now obstructed again to such an extent that the grounds are occasionally overflowed following a heavy rain. The Commission which investigated the necessity of the construction of a covered channel to accommodate the waters of Stony Brook and which reported in full in House Document No. 323, filed on December 12, 1925, recommended "the progressive construction of covered channels of Stony Brook and its tributaries, year by year, until the flooded areas are relieved." Nothing has been done as yet towards relieving this situation.

THE FIRE MENACE

Attention should again be called to the urgent necessity of carrying out the recommendations made by the Board of Trustees of this hospital in 1925, as follows:

"1. Removing the old wooden administration building in the East Group, constituting as it does a distinct fire menace as a result of the existence of wooden stairways running from the basement to the attic, the presence of exposed electric wires and wires in wooden conduits in various parts of the building, and the necessity of housing a considerable number of persons in the attic,—a place where their lives would be placed in jeopardy by a serious fire;

"2. Providing for the removal of the old barn located a few hundred yards from the Administration building above referred to, and containing a large amount of hay;

"3. Removing the other wooden buildings and sheds in this same neighborhood

"4. Installing sprinklers and such other fire protection as may be needed to insure the safety of the six hundred and more patients in the old non-fireproof stucco buildings until such time as these buildings can be replaced by fireproof structures;

"5. Removing the old wooden farm building located in the West Group and housing in the neighborhood of twenty employees, the Building Inspector for the Department of Public Safety having refused to certify this structure for occupancy;

"6. The prompt adoption of such other measures for fire protection as may be deemed necessary by the proper authorities."

This matter was commented on, as has already been reported, by the Fire Commissioner of the City of Boston, who recommended:

"That all the old buildings, wooden and stucco covered, should be demolished and buildings of 1st class fireproof construction be erected in their stead." * * * *

"These recommendations which may appear extensive, are an urgent necessity and based on the nature of the occupancy, and the character of the construction which is hardly fit for persons of normal physical and mental condition."

THE FUTURE DEVELOPMENT OF THE HOSPITAL.

Attention should be called to the fact that this hospital, which is intended to

provide for two thousand patients; has no centrally located administration building and no building ever erected exclusively for that purpose, no centrally located assembly hall large enough to provide for the needs of the whole hospital, no laboratory building, no industrial building, no building suitable for farm and other outside employees, no separate building for the care of tubercular patients, and no reception building for the admission of new cases.

The provision for accommodations for housing employees is very inadequate. The only building we have at this time for male ward employees is an attendants' cottage in the West Group, which takes care of only forty persons. Sixteen men are housed in the third floor of the West C Building, in quarters which are not fireproof and are highly undesirable; twenty men are housed in the third floor of the D Building, where they have accommodations similar to those in the C Building; twenty-four male employees are housed in the wards of the C and D buildings in close proximity to the patients and in rooms which cannot be under proper supervision; eight men are also housed in the West G Building, which is our building for disturbed patients. At the present time we have not rooms enough to accommodate our full number of male employees without using rooms designed originally for the care of patients. In all, between eighty and ninety employees are housed in attics which are not suitable for such purposes,—an arrangement which adds materially to the difficulty of proper protection from fires.

We are very badly in need of a permanent roadway between the East and West groups, and the completion of the roads leading to the various ward buildings. It would be very desirable to build a fence around the hospital grounds. The absence of any such protection has resulted in a serious interference with the activities of the hospital and in a considerable property loss.

Respectfully submitted,

NOVEMBER 30, 1927.

JAMES V. MAY, Superintendent.

VALUATION
November 30, 1927
REAL ESTATE

Land, 233 acres.....	\$609,508.00
Buildings.....	2,614,071.83
	<hr/>
	\$3,223,579.83

PERSONAL PROPERTY

Travel, Transportation and Office Expenses.....	\$550.00
Food.....	20,136.23
Clothing and Materials.....	29,516.26
Furnishings and Household Supplies.....	249,214.19
Medical and General Care.....	6,910.79
Heat, Light and Power.....	7,548.65
Farm.....	10,844.53
Garage, Stables and Grounds.....	7,794.80
Repairs.....	12,401.90
	<hr/>
	\$344,917.35

SUMMARY

Real Estate.....	\$3,223,579.83
Personal Property.....	344,917.35
	<hr/>
	\$3,568,497.18

TREASURER'S REPORT

To the Department of Mental Diseases:

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1927.

CASH ACCOUNT

Receipts

<i>Income</i>			
Board of Patients:			
Reimbursing.....	\$117,461.78		\$117,461.78
Personal Services:			
Reimbursement from Board of Retirement.....		281.66	
Sales:			
Travel, transportation and office expenses.....	\$159.79		
Food.....	232.99		
Clothing and materials.....	9.98		
Furnishings and household supplies.....	41.82		
Medical and general care.....	-		
Heat, light and power.....	-		
Farm:			
Pigs and hogs.....	18.65		
Repairs, ordinary.....	62.72		
Repairs and renewals.....	50.00		
Total sales.....		\$575.95	
Miscellaneous:			
Interest on bank balances.....	\$649.81		
Rent.....	60.00		
		\$709.81	
TOTAL INCOME.....			\$119,029.20

MAINTENANCE

Balance from previous year, brought forward.....	\$28,821.76
Appropriations, current year.....	805,230.00
Total.....	\$834,051.76
Transfer to Boston Psychopathic Hospital.....	\$1,000.00
Expenses (as analyzed below).....	782,687.18
	<u>\$783,687.18</u>
Balance reverting to Treasury of Commonwealth.....	\$50,364.58

Analysis of Expenses

Personal Services.....	\$389,266.88
Religious Instruction.....	2,079.98
Travel, Transportation and Office Expenses.....	7,288.00
Food.....	175,928.78
Clothing and Materials.....	30,210.56
Furnishings and Household Supplies.....	43,575.35
Medical and General Care.....	24,735.76
Heat, Light and Power.....	63,711.70
Farm.....	6,111.54
Garage, Stable and Grounds.....	5,917.15
Repairs, Ordinary.....	18,455.47
Repairs and Renewals.....	15,406.01
Total expenses for Maintenance.....	<u>\$782,687.18</u>

SPECIAL APPROPRIATIONS

Balance December 1, 1926.....	\$16,350.28
Appropriations for current year.....	4,000.00
Total.....	\$20,350.28
Expended during the year (see statement below).....	\$17,520.36
Reverting to Treasury of Commonwealth.....	2,651.92
	<u>\$20,172.28</u>
Balance November 30, 1927, carried to next year.....	178.00

OBJECT	Act or Resolve	Whole Amount	Expended During Fiscal Year	Total Expended To Date	Balance at End of Year
Dining Room, East Group.....	211-1919 629-1920	\$152,000.00	\$150,579.32	*\$1,420.68
Fire Protection, 1925.....	347-1925	18,000.00	\$13,698.36	16,768.76	1,231.24*
Food Trucks.....	138-1927	4,000.00	3,822.00	3,822.00	178.00
		\$174,000.00	\$17,520.36	\$171,170.08	\$2,829.92

Balance reverting to Treasury of the Commonwealth during year (mark item with *).....	*\$2,651.92
Balance carried to next year.....	178.00
Total as above.....	<u>\$2,829.92</u>

PER CAPITA

During the year the average number of inmates has been 2,166.6.
 Total cost for maintenance, \$782,687.18.
 Equal to a weekly per capita cost of \$6.9471 (52 weeks to year)
 Receipt from sales, \$575.95.
 Equal to a weekly per capita of \$.00511.
 All other institution receipts, \$118,453.25.
 Equal to a weekly per capita of \$1.05139.
 Net weekly per capita \$5.8906.

Respectfully submitted,

ADELINE J. LEARY, *Treasurer.*

STATISTICAL TABLES

AS ADOPTED BY THE AMERICAN PSYCHIATRIC ASSOCIATION
 PRESCRIBED BY THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES.

TABLE 1. *General Information.*

Data correct at end of hospital year, November 30, 1927.

1. Date of *opening* as a hospital for mental diseases: December 11, 1839.
2. Type of hospital: State, county, endowed private, or unendowed private: State (Since December 1, 1908)
3. Hospital plant:
 Value of hospital property:
 Real estate, including buildings..... \$3,223,579.83
 Personal property..... 344,917.35
 Total..... \$3,568,497.18
 Total acreage of hospital property owned: (Includes grounds, farm and garden and sites occupied by buildings.) 233.074 acres.
 Additional acreage rented: None.
 Total acreage under cultivation during previous year: 138 acres.
4. Officers and Employees: September 30, 1927

	ACTUALLY IN SERVICE AT END OF YEAR			VACANCIES AT END OF YEAR		
	M.	F.	T.	M.	F.	T.
Superintendents.....	1	—	1	—	—	—
Assistant physicians.....	6	4½	10½	3	½	3½
Medical internes.....	—	—	—	—	—	—
Clinical assistants.....	—	—	—	—	—	—
Total physicians.....	7	4½	11½	3	½	3½
Stewards.....	1	—	1	—	—	—
Resident dentists.....	1	—	1	—	—	—
Pharmacists.....	1	—	1	—	—	—
Graduate nurses.....	—	13	13	—	—	—
Other nurses and attendants.....	108	129	237	12	5	17
Occupational therapists.....	1	6	7	—	2	2
Social workers.....	—	4	4	—	—	—
All other officers and employees.....	80	78	158	6½	2	8½
Total officers and employees.....	199	234½	433½	21½	9½	31

5. Census of Patient Population at end of the year:

	ACTUALLY IN HOSPITAL			ABSENT FROM HOSPITAL BUT STILL ON BOOKS		
	M.	F.	T.	M.	F.	T.
White						
Insane*.....	916	1218	2134	84	121	205
Total.....	916	1218	2134	84	121	205
Other Races						
Insane*.....	19	29	48	1	3	4
Total.....	19	29	48	1	3	4
Grand Total.....	935	1247	2182	85	124	209

*In case a patient belongs to more than one group, he should be counted in the group first mentioned of those to which he may be properly assigned. For example, if a patient is both insane and epileptic he should be counted as insane.

	M.	F.	T.
6. Patients under treatment in occupational therapy classes, including physical training on date of report.....	65	203	268
7. Other patients employed in general work of hospital on date of report.....	462	406	868
8. Average daily number of all patients actually in hospital during year.....	913.16	1234.87	2,148.03
9. Voluntary patients admitted during year.....	—	—	—
10. Persons given advice or treatment in out-patient clinics during year.....	—	—	—

(No person should be counted more than once regardless of number of visits made during the year.)

TABLE 2. *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. *Movement of Population for the Year ending September 30, 1927.*

	Insane			Temporary Care			Total	
	M.	F.	T.	M.	F.	T.	M.	F.
Patients on books at beginning of institution year.....	995	1,350	2,345	10	5	15	1,005	1,355
Admissions during the year:								
First Admissions.....	184	*216	*400	32	21	53	216	*237
Readmissions.....	†34	†54	†88	†40	†13	†53	†74	†67
Transferred from other institutions for mental diseases...	15	11	26	—	—	—	15	11
Total received during the year.....	233	281	514	72	34	106	305	315
Total under treatment during the year.....	1,228	1,631	2,859	82	39	121	1,310	1,670
Discharged from books during the year:								
As recovered.....	27	29	56	5	1	6	32	30
As improved.....	62	68	130	9	5	14	71	73
As unimproved.....	11	27	38	21	17	38	32	44
As without psychosis.....	4	1	5	15	7	22	19	8
Transferred to other hospitals for mental diseases.....	1	8	9	—	—	—	1	8
Died during the year.....	129	132	261	4	2	6	133	134
Status changed from temporary care of preceding year to Sec. 51, committed.....	—	—	—	1	2	3	1	2
Status changed from Sec. 51 of preceding year to Sec. 100, temporary care.....	1	—	1	—	—	—	1	—
Total discharged and died.....	235	265	500	55	34	89	290	299
Patients remaining on books at end of institution year.....	993	1,366	2,359	27	5	32	1,020	1,371

* This includes 1 woman committed from temporary care of preceding year.

† This includes 1 man and 1 woman committed from temporary care of preceding year.

‡ This includes 1 man committed during preceding year, status changed to Sec. 100, temporary care.

TABLE 4. *Nativity of First Admissions and of Parents of First Admissions for the Year Ending September 30, 1927.*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States.....	100	109	209	45	36	33	38	42	30
Austria.....	-	2	2	-	-	-	1	1	1
Canada*.....	18	29	47	25	20	19	31	35	26
Denmark.....	-	-	-	1	-	-	-	-	-
England.....	5	2	7	8	10	8	6	3	2
France.....	-	-	-	-	-	-	1	-	-
Germany.....	3	1	4	5	6	4	4	5	4
Hungary.....	-	-	-	-	-	-	1	1	1
Ireland.....	26	51	77	54	61	50	96	90	86
Italy.....	18	12	30	19	19	19	13	13	13
Norway.....	-	-	-	1	1	1	-	-	-
Poland.....	1	-	1	1	1	1	-	-	-
Portugal.....	2	2	4	2	2	2	2	2	2
Roumania.....	1	-	1	1	1	1	-	-	-
Russia.....	3	2	5	4	5	4	5	5	5
Scotland.....	-	3	3	3	3	2	8	9	6
Spain.....	-	-	-	-	-	-	1	-	-
Sweden.....	2	1	3	2	2	2	2	2	2
Turkey in Asia.....	1	1	2	1	1	1	1	1	1
West Indies†.....	1	-	1	1	1	1	-	-	-
Other Countries.....	3	1	4	3	3	3	1	1	1
Unascertained.....	-	-	-	8	12	8	6	6	4
Total.....	184	216	400	184	184	159	216	216	185

*Includes Newfoundland

†Except Cuba and Porto Rico

TABLE 5. *Citizenship of First Admissions for the Year Ending September 30, 1927.*

	M.	F.	T.
Citizens by birth.....	100	109	209
Citizens by naturalization.....	44	45	89
Aliens.....	29	53	82
Citizenship unascertained.....	11	9	20
Total.....	184	216	400

TABLE 6. *Psychoses of First Admissions for the Year Ending September 30, 1927.*

PSYCHOSES	M.	F.	T.	M.	F.	T. c
1. Traumatic psychoses.....				—	—	—
2. Senile psychoses.....				13	49	62
3. Psychoses with cerebral arteriosclerosis.....				54	44	98
4. General paralysis.....				22	6	28
5. Psychoses with cerebral syphilis.....				1	4	5
6. Psychoses with Huntington's chorea.....				—	2	2
7. Psychoses with brain tumor.....				—	—	—
8. Psychoses with other brain or nervous diseases, total* Other diseases.....	3	—	3	3	—	3
9. Alcoholic psychoses, total..... Delirium tremens..... Korsakow's psychosis..... Acute hallucinosis..... Other types, acute or chronic.....	14	6	20	14	6	20
10. Psychoses due to drugs and other exogenous toxins, total..... Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined.....	2	—	2	2	—	2
11. Psychoses with pellagra.....				—	—	—
12. Psychoses with other somatic diseases, total..... Delirium with infectious diseases..... Cardio-renal diseases..... Other diseases or conditions.....	10	8	18	10	8	18
13. Manic-depressive psychoses, total..... Manic type..... Depressive type..... Other types.....	18	33	51	18	33	51
14. Involution melancholia.....				5	5	10
15. Dementia praecox (schizophrenia).....				14	14	28
16. Paranoia and paranoid conditions.....				12	26	38
17. Epileptic psychoses.....				2	6	8
18. Psychoneuroses and neuroses, total..... Psychasthenic type (anxiety and obsessive forms)..... Neurasthenic type.....	1	1	2	1	2	3
19. Psychoses with psychopathic personality.....				1	—	1
20. Psychoses with mental deficiency.....				6	5	11
21. Undiagnosed psychoses.....				2	6	8
22. Without psychosis, total..... Psychopathic personality without psychosis..... Mental deficiency without psychosis..... Others.....	4	—	4	4	—	4
Total.....	184	216	400	184	216	400

* Give total for each numbered group, and, so far as possible, the number in each subdivision.

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.*

RACE	Total			Traumatic			Senile			With cerebral arterio-sclerosis			General paralysis			With cerebral syphilis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....	10	12	22	-	-	-	1	2	3	3	4	7	1	1	2	-	-	-
Armenian.....	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
English.....	9	16	25	-	-	-	-	1	1	5	2	7	1	1	2	-	1	1
French.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
German.....	5	4	9	-	-	-	-	2	2	3	-	3	-	-	-	-	-	-
Hebrew.....	5	6	11	-	-	-	-	1	1	-	-	-	1	-	1	-	1	1
Irish.....	54	109	163	-	-	-	4	21	25	19	26	45	3	-	3	-	-	-
Italian*.....	21	13	34	-	-	-	2	1	3	2	1	3	4	2	6	-	-	-
Lithuanian.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Magyar.....	1	1	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Portuguese.....	2	2	4	-	-	-	2	-	2	-	1	1	-	1	1	-	-	-
Scandinavian†.....	3	2	5	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Scotch.....	1	8	9	-	-	-	-	2	2	1	1	2	-	-	-	-	-	-
Slavonic†.....	2	-	2	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Turkish.....	1	1	2	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-
Mixed.....	68	38	106	-	-	-	3	15	18	19	9	28	11	1	12	1	2	3
Race unasc't'd.....	1	2	3	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-
Total.....	184	216	400	-	-	-	13	49	62	54	44	98	22	6	28	1	4	5

*Includes "North" and "South".

†Norwegians, Danes and Swedes

†Includes Bohemian, Bosnian, Croatian, Delmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1927.—Continued.*

RACE	With Hunting-ton's chorea			With brain tumor			With other brain or nervous diseases			Alcoholic			Due to drugs and other exogenous toxins			With pellagra		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black).....	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Armenian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English.....	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-
French.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
German.....	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Hebrew.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Irish.....	-	2	2	-	-	-	-	-	-	5	5	10	1	-	1	-	-	-
Italian*.....	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
Lithuanian.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Magyar.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian†.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scotch.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slavonic†.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed.....	-	-	-	-	-	-	3	-	3	4	-	4	1	-	1	-	-	-
Race unascertained.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total.....	-	2	2	-	-	-	3	-	3	14	6	20	2	-	2	-	-	-

*Includes "North" and "South".

†Norwegians, Danes and Swedes

†Includes Bohemian, Bosnian, Croatian, Delmatian, Herzegovian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.—Continued.*

RACE	With other somatic diseases			Manic-depressive			Involution melancholia			Dementia praecox			Paranoia and paranoid conditions			Epileptic psychoses		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	3	2	5	—	—	—	1	—	1	—	1	1	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	—	1	1	—	2	2	1	1	2	—	1	1	—	5	5	—	—	—
French	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
German	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	3	2	5	—	—	—	—	1	1	—	—	—	—	—	—
Irish	3	4	7	1	19	20	2	3	5	4	11	15	5	11	16	3	4	4
Italian*	1	—	1	6	4	10	—	1	1	1	—	1	2	1	3	—	1	1
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Magyar	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian†	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2	—	—	—
Scotch	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—
Slavonic†	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	4	3	7	4	3	7	1	—	1	7	1	8	5	2	7	2	—	2
Race unasc't'd	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	10	8	18	18	33	51	5	5	10	14	14	28	12	26	33	2	6	8

*Includes "North" and "South"

†Norwegians, Danes and Swedes.

†Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovenian.

TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.—Concluded.*

RACE	Psycho-neuroses and neuroses			With psychopathic personality			With mental deficiency			Un-diagnosed psychoses			Without psychosis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
French	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
German	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Hebrew	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Irish	—	1	1	—	—	—	4	1	5	—	1	1	3	—	3
Italian*	—	—	—	—	—	—	—	2	2	1	—	1	—	—	—
Lithuanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian†	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Scotch	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—
Slavonic†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	1	1	2	—	—	—	1	1	2	1	—	1	—	—	—
Race unascertained	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	2	3	1	—	1	6	5	11	2	6	8	4	—	4

*Include "North" and "South".

†Norwegians, Danes and Swedes.

†Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses for the Year Ending September 30, 1927.*

PSYCHOSES	Total			Under 15 years			15—19 Years			20—24 years			25—29 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile.....	13	49	62	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis.....	54	44	98	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis.....	22	6	28	—	—	—	—	—	—	—	—	—	—	1	1
5. With cerebral syphilis.....	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.....	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	3	—	3	—	—	—	1	—	1	2	—	2	—	—	—
9. Alcoholic.....	14	6	20	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.....	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra.....	10	8	18	—	—	—	—	1	1	—	—	—	—	—	—
12. With other somatic diseases.....	18	33	51	—	—	—	4	1	5	3	4	7	1	5	6
13. Manic-depressive.....	5	5	10	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia.....	14	14	28	—	—	—	2	—	2	3	1	4	3	1	4
15. Dementia praecox.....	12	26	38	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions.....	2	6	8	—	—	—	—	—	—	2	1	3	—	1	1
17. Epileptic psychoses.....	1	2	3	—	—	—	—	—	—	—	—	—	1	—	1
18. Psychoneuroses and neuroses.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.....	6	5	11	—	—	—	1	2	3	2	—	2	1	1	2
20. With mental deficiency.....	2	6	8	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses.....	4	—	4	—	—	—	—	—	—	—	—	—	1	—	1
22. Without psychosis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	184	216	400	—	—	—	8	4	12	12	6	18	7	9	16

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.—Continued.*

PSYCHOSES	30—34 years			35—39 years			40—44 years			45—49 years			50—54 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis.....	—	—	—	—	—	—	—	—	—	1	2	3	1	3	4
4. General paralysis.....	1	—	1	1	1	2	4	—	4	7	2	9	4	—	4
5. With cerebral syphilis.....	—	—	—	—	—	—	—	1	1	1	1	2	—	1	1
6. With Huntington's chorea.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic.....	2	1	3	1	1	2	3	—	3	2	3	5	2	1	3
10. Due to drugs and exogenous toxins.....	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	1	—	1	2	—	2	3	—	3	—	1	1	2	4	6
13. Manic-depressive.....	1	5	6	2	2	4	2	4	4	6	10	3	1	4	5
14. Involution melancholia.....	—	—	—	—	—	—	1	2	1	2	3	1	1	1	2
15. Dementia praecox.....	2	1	3	1	2	3	1	3	4	—	2	2	—	3	3
16. Paranoia and paranoid conditions.....	2	1	3	3	2	5	1	6	7	—	4	4	2	7	9
17. Epileptic psychoses.....	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—
18. Psychoneuroses and neuroses.....	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
19. With psychopathic personality.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency.....	—	1	1	—	1	1	1	—	1	1	—	1	—	—	—
21. Undiagnosed psychoses.....	1	—	1	—	—	—	—	2	2	—	1	1	—	1	1
22. Without psychosis.....	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1
Total.....	10	10	20	10	10	20	19	15	34	17	25	42	14	26	40

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.—Concluded.*

PSYCHOSES	55—59 years			60—64 years			65—69 years			70 years and over		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile.....	1	1	2	—	4	4	1	9	10	11	35	46
3. With cerebral arteriosclerosis.....	5	3	8	14	8	22	12	10	22	21	18	39
4. General paralysis.....	3	—	3	—	—	—	2	2	4	—	—	—
5. With cerebral syphilis.....	—	1	1	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.....	—	1	1	—	—	—	—	1	1	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic.....	2	—	2	1	—	1	—	—	—	1	—	1
10. Due to drugs and other exogenous toxins.....	—	—	—	—	—	—	—	—	—	—	—	—
12. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	1	—	1	1	1	2	—	—	—	—	1	1
13. Manic-depressive.....	—	3	3	—	—	—	—	1	1	—	—	—
14. Involution melancholia.....	2	1	3	—	—	—	—	—	—	—	—	—
15. Dementia praecox.....	—	1	1	2	—	2	—	—	—	—	—	—
16. Paranoia and paranoid conditions.....	3	2	5	1	3	4	—	1	1	—	—	—
17. Epileptic psychoses.....	—	1	1	—	1	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.....	—	—	—	—	—	—	1	—	1	—	—	—
20. With mental deficiency.....	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses.....	1	—	1	—	1	1	—	—	—	—	1	1
22. Without psychosis.....	1	—	1	—	—	—	—	—	—	—	—	—
Total.....	19	14	33	19	18	37	16	24	40	33	55	88

TABLE 9. Degree of Education of First Admissions Classified with Reference to Principal Psychoses,
for the Year Ending September 30, 1927.

PSYCHOSES	Total			Illiterate			Reads and Writes*			Common School			High School			College			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	13	49	62	3	10	13	4	4	8	4	27	31	—	6	6	—	—	—	—	—	—
2. Senile.....	54	44	98	2	8	10	5	5	10	3	37	64	—	4	2	—	—	—	1	6	2
3. With cerebral arteriosclerosis.....	22	6	28	2	1	3	3	—	3	—	11	16	—	4	4	—	—	—	1	1	—
4. General paralysis.....	1	4	5	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis.....	—	2	2	—	—	—	—	—	—	—	3	4	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.....	—	4	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	3	—	3	—	—	—	—	—	—	—	3	13	—	—	—	—	—	—	—	—	—
9. Alcoholic.....	14	6	20	1	2	3	2	1	3	—	10	3	—	1	1	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.....	2	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	10	8	18	—	1	1	1	—	—	—	6	5	—	—	—	—	—	—	—	—	—
13. Manic-depressive.....	18	33	51	—	3	3	2	2	4	—	10	21	—	1	2	—	—	—	2	1	1
14. Involuntia melancholia.....	5	5	10	—	1	1	1	1	2	—	4	4	—	—	—	—	—	—	—	—	—
15. Dementia praecox.....	14	14	28	—	1	1	1	1	1	—	10	7	—	4	4	—	—	—	—	—	—
16. Paranoia and paranoid conditions.....	12	26	38	1	2	3	1	1	2	—	8	21	—	1	2	—	—	—	—	—	—
17. Epileptic psychoses.....	2	6	8	1	2	3	—	—	—	—	1	4	—	1	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	1	1	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.....	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency.....	6	5	11	—	1	1	1	1	2	—	5	3	—	2	2	—	—	—	1	—	—
21. Undiagnosed psychoses.....	2	6	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis.....	4	—	4	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—
Total.....	184	216	400	10	33	43	20	19	39	117	131	248	22	25	47	4	2	6	11	6	17

*Includes those who did not complete fourth grade in school.

TABLE 10. *Environment of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.*

PSYCHOSES	Total			Urban			Rural			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile.....	13	49	62	13	49	62	—	—	—	—	—	—
3. With cerebral arteriosclerosis.....	54	44	98	54	44	98	—	—	—	—	—	—
4. General paralysis.....	22	6	28	22	6	28	—	—	—	—	—	—
5. With cerebral syphilis.....	1	4	5	1	4	5	—	—	—	—	—	—
6. With Huntington's chorea.....	—	2	2	—	2	2	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	3	—	3	3	—	3	—	—	—	—	—	—
9. Alcoholic.....	14	6	20	14	6	20	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.....	2	—	2	2	—	2	—	—	—	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	10	8	18	10	8	18	—	—	—	—	—	—
13. Manic-depressive.....	18	33	51	18	33	51	—	—	—	—	—	—
14. Involution melancholia.....	5	5	10	5	5	10	—	—	—	—	—	—
15. Dementia præcox.....	14	14	28	14	14	28	—	—	—	—	—	—
16. Paranoia and paranoid conditions.....	12	26	38	12	26	38	—	—	—	—	—	—
17. Epileptic psychoses.....	2	6	8	2	6	8	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	1	2	3	1	2	3	—	—	—	—	—	—
19. With psychopathic personality.....	1	—	1	1	—	1	—	—	—	—	—	—
20. With mental deficiency.....	6	5	11	6	5	11	—	—	—	—	—	—
21. Undiagnosed psychoses.....	2	6	8	2	6	8	—	—	—	—	—	—
22. Without psychosis.....	4	—	4	4	—	4	—	—	—	—	—	—
Total.....	184	216	400	184	216	400	0	0	0	0	0	0

TABLE 11. *Economic Conditions of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.*

PSYCHOSES	Total			De- pendent			Marginal			Com- fortable			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile.....	13	49	62	3	10	13	9	35	44	1	3	4	—	1	1
3. With cerebral arteriosclerosis.....	54	44	98	7	9	16	43	29	72	3	3	6	1	3	4
4. General paralysis.....	22	6	28	—	4	4	22	2	24	—	—	—	—	—	—
5. With cerebral syphilis.....	1	4	5	—	2	2	1	2	3	—	—	—	—	—	—
6. With Huntington's chorea.....	—	2	2	—	—	—	—	2	2	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	3	—	3	—	—	—	3	—	3	—	—	—	—	—	—
9. Alcoholic.....	14	6	20	1	1	2	13	5	18	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.....	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	10	8	18	—	2	2	9	5	14	—	—	—	1	1	2
13. Manic-depressive.....	18	33	51	—	—	—	17	31	48	2	2	—	1	—	1
14. Involution melancholia.....	5	5	10	—	—	—	5	5	10	—	—	—	—	—	—
15. Dementia præcox.....	14	14	28	4	3	7	10	11	21	—	—	—	—	—	—
16. Paranoia and paranoid conditions.....	12	26	38	—	1	1	12	24	36	—	1	1	—	—	—
17. Epileptic psychoses.....	2	6	8	—	2	2	2	3	5	—	1	1	—	—	—
18. Psychoneuroses and neuroses.....	1	2	3	—	1	1	1	1	2	—	—	—	—	—	—
19. With psychopathic personality.....	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
20. With mental deficiency.....	6	5	11	—	1	1	6	4	10	—	—	—	—	—	—
21. Undiagnosed psychoses.....	2	6	8	—	2	2	2	3	5	—	1	1	—	—	—
22. Without psychosis.....	4	—	4	—	—	—	4	—	4	—	—	—	—	—	—
Total.....	184	216	400	15	38	53	162	162	324	4	11	15	3	5	8

TABLE 12. *Use of Alcohol by First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.*

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile.....	13	49	62	—	39	39	8	8	16	4	—	4	1	2	3
3. With cerebral arterio-sclerosis.....	54	44	98	8	30	38	25	11	36	10	1	11	11	2	13
4. General paralysis.....	22	6	28	2	1	3	11	1	12	8	4	12	1	—	1
5. With cerebral syphilis.....	1	4	5	—	1	1	—	2	2	1	1	2	—	—	—
6. With Huntington's chorea.....	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	3	—	3	2	—	2	—	—	—	1	—	1	—	—	—
9. Alcoholic.....	14	6	20	—	—	—	1	—	1	13	6	19	—	—	—
10. Due to drugs and other exogenous toxins.....	2	—	2	—	—	—	1	—	1	1	—	1	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	10	8	18	1	5	6	5	2	7	2	1	3	2	—	2
13. Manic-depressive.....	18	33	51	8	17	25	8	14	22	2	2	4	—	—	—
14. Involution mel'cholia.....	5	5	10	1	2	3	3	3	6	1	—	1	—	—	—
15. Dementia praecox.....	14	14	28	4	9	13	6	5	11	3	—	3	1	—	1
16. Paranoia and paranoid conditions.....	12	26	38	2	6	8	9	16	25	1	3	4	—	1	1
17. Epileptic psychoses.....	2	6	8	2	4	6	—	2	2	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	1	2	3	—	2	2	1	—	1	—	—	—	—	—	—
19. With psychopathic personality.....	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
20. With mental deficiency.....	6	5	11	1	3	4	2	2	4	3	—	3	—	—	—
21. Undiagnosed psychoses.....	2	6	8	—	3	3	—	3	3	1	—	1	1	—	1
22. Without psychosis.....	4	—	4	2	—	2	2	—	2	—	—	—	—	—	—
Total.....	184	216	400	34	124	158	82	69	151	51	18	69	17	5	22

TABLE 13. *Marital Condition of First Admissions Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.*

PSYCHOSES	Total		Single		Married		Widowed		Separated		Divorced		Unascertained	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Traumatic.....	13	49	3	12	3	13	6	24	1	1	1	1	1	1
2. Senile.....	54	44	14	11	22	10	22	37	2	1	1	1	1	1
3. With cerebral arteriosclerosis.....	22	46	5	1	6	3	18	2	2	2	1	1	1	1
4. General paralysis.....	1	2	—	1	1	1	1	1	—	—	1	2	3	3
5. With cerebral syphilis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.....	3	—	3	3	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	14	6	4	1	1	5	2	2	1	—	—	—	—	—
8. With other brain or nervous diseases.....	2	—	1	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic.....	10	8	3	2	3	7	12	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.....	18	33	10	11	21	4	11	3	1	—	—	—	—	—
11. With pellagra.....	5	5	1	2	3	19	27	1	—	—	—	—	—	—
12. With other somatic diseases.....	14	28	10	7	17	8	2	3	—	—	—	—	—	—
13. Manic-depressive.....	12	26	6	4	10	5	22	1	—	—	—	—	—	—
14. Involution melancholia.....	2	6	2	3	5	17	3	6	—	—	—	—	—	—
15. Dementia praecox.....	12	6	8	2	1	3	3	—	—	—	—	—	—	—
16. Paranoia and paranoid conditions.....	1	2	3	1	2	1	1	—	—	—	—	—	—	—
17. Epileptic psychoses.....	1	5	1	6	3	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	6	6	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.....	2	8	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency.....	2	4	1	—	—	2	2	3	—	—	—	—	—	—
21. Undiagnosed psychoses.....	4	—	1	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis.....	184	216	70	59	129	79	89	168	29	62	3	2	5	—
Total.....	184	216	400	70	59	129	79	89	168	29	62	3	2	5

TABLE 14. *Psychoses of Readmissions for the Year Ending September 30, 1927.*

PSYCHOSES	Males	Females	Total
1. Traumatic psychoses.....	—	—	—
2. Senile psychoses.....	3	4	7
3. Psychoses with cerebral arteriosclerosis.....	—	3	3
4. General paralysis.....	—	—	—
5. Psychoses with cerebral syphilis.....	—	—	—
6. Psychoses with Huntington's chorea.....	—	—	—
7. Psychoses with brain tumor.....	—	—	—
8. Psychoses with other brain or nervous diseases.....	—	—	—
9. Alcoholic psychoses.....	4	2	6
10. Psychoses due to drugs and other exogenous toxins.....	—	—	—
11. Psychoses with pellagra.....	—	1	1
12. Psychoses with other somatic diseases.....	8	20	28
13. Manic-depressive psychoses.....	2	1	3
14. Involution melancholia.....	6	11	17
15. Dementia praecox.....	2	5	7
16. Paranoia and paranoid conditions.....	4	—	4
17. Epileptic psychoses.....	—	—	—
18. Psychoneuroses and neuroses.....	1	—	1
19. Psychoses with psychopathic personality.....	3	4	7
20. Psychoses with mental deficiency.....	1	3	4
21. Undiagnosed psychoses.....	—	—	—
22. Without psychosis.....	—	—	—
Total.....	34	54	88

TABLE 15. *Discharges of Patients Classified with Reference to Principal Psychoses and Condition on Discharge for the Year Ending September 30, 1927.*

PSYCHOSES	Total			Recovered			Improved			Unimproved			Without Psychosis		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
2. Senile.....	—	7	7	—	2	2	—	3	3	—	2	2	—	—	—
3. With cerebral arterio-sclerosis.....	4	9	13	—	1	1	3	7	10	1	1	2	—	—	—
4. General paralysis.....	4	2	6	—	—	—	2	2	4	2	—	2	—	—	—
5. With cerebral syphilis.....	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—
6. With Huntington's chorea.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	2	1	3	—	—	—	1	—	1	1	1	2	—	—	—
9. Alcoholic.....	16	4	20	6	2	8	10	2	12	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.....	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	2	5	7	—	1	1	1	2	3	1	2	3	—	—	—
13. Manic-depressive.....	23	44	67	18	18	36	5	20	25	—	6	6	—	—	—
14. Involution melancholia.....	—	3	3	—	—	—	—	2	2	—	1	1	—	—	—
15. Dementia praecox.....	30	18	48	—	—	—	26	11	37	4	7	11	—	—	—
16. Paranoia and paranoid conditions.....	5	11	16	—	—	—	4	10	14	1	1	2	—	—	—
17. Epileptic psychoses.....	—	2	2	—	—	—	—	—	—	—	2	2	—	—	—
18. Psychoneuroses and neuroses.....	3	4	7	2	1	3	1	1	2	—	2	2	—	—	—
19. With psychopathic personality.....	3	1	4	—	1	1	2	—	2	1	—	1	—	—	—
20. With mental deficiency.....	3	9	12	—	2	2	3	6	9	—	1	1	—	—	—
21. Undiagnosed psychoses.....	2	2	4	—	—	—	2	1	3	—	1	1	—	—	—
22. Without psychosis.....	4	1	5	—	—	—	—	—	—	—	—	—	4	1	5
Total.....	104	125	229	27	29	56	62	68	130	11	27	38	4	1	5

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses for the Year Ending September 30, 1927.

CAUSES OF DEATH	Total			Senile			With cerebral arterio-sclerosis			General paralysis			Alcoholic			Manic-depressive			Involution melancholia		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Epidemic, Endemic and Infectious Diseases</i>																					
Erysipelas.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of the respiratory system.....	10	19	29	-	1	1	-	-	-	-	-	-	-	-	-	2	1	3	-	-	-
Tuberculosis of other organs.....	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Purulent infection, septicaemia.....	1	1	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
<i>General Diseases not included in Class I</i>																					
Cancer and other malignant tumors.....	2	2	4	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Diabetes.....	1	2	3	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Other general diseases.....	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Nervous System</i>																					
Meningitis (non-epidemic).....	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Cerebral hemorrhage, apoplexy.....	3	6	9	-	3	3	3	2	5	-	-	-	-	-	-	-	-	-	-	-	-
General paralysis of the insane.....	8	5	13	-	-	-	-	8	5	13	-	-	-	-	-	-	-	-	-	-	-
Other forms of mental disease.....	1	1	2	-	-	-	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-
Epilepsy.....	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chorea.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Circulatory System</i>																					
Endocarditis and myocarditis.....	21	28	49	3	16	19	11	5	16	2	-	2	-	-	-	1	2	3	-	1	1
Other diseases of the heart.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Arteriosclerosis.....	23	3	26	7	1	8	15	1	16	-	-	-	-	-	-	-	1	1	-	1	1
<i>Diseases of the Respiratory System</i>																					
Bronchopneumonia.....	46	37	83	8	14	22	18	13	31	15	2	17	1	-	1	1	2	3	1	-	1
Lobar pneumonia.....	9	13	22	1	1	2	3	6	9	2	1	3	-	-	-	2	3	5	-	-	-
<i>Diseases of the Digestive System</i>																					
Diarrhea and enteritis.....	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-
Hernia and intestinal obstruction.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Non-Veneral Diseases of Genito-Urinary System</i>																					
Nephritis.....	-	3	3	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of bladder.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>External Causes</i>																					
Suicide.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accidental traumatism.....	3	-	3	-	-	-	1	-	1	1	-	1	-	-	-	1	-	1	1	-	-
Total.....	129	132	261	20	37	57	51	29	80	28	8	36	2	1	3	7	13	20	2	1	3

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses, for the Year Ending September 30, 1927.—Concluded.

CAUSES OF DEATH	Dementia praecox		Paranoia and paranoid conditions		Epileptic psychoses		Psycho-neuroses and neuroses		With psychopathic personality		With mental deficiency		*All other psychoses	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Epidemic, Endemic and Infectious Diseases</i>														
Erysipelas.....	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system.....	3	12	—	2	—	—	—	—	—	—	—	1	5	2
Tuberculosis of other organs.....	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Purulent infection, septicaemia.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—
<i>General Diseases not included in Class I</i>														
Cancer and other malignant tumors.....	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Diabetes.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other general diseases.....	—	1	—	—	—	—	—	—	—	—	—	—	1	1
<i>Diseases of the Nervous System</i>														
Meningitis (non-epidemic).....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral hemorrhage, apoplexy.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General paralysis of the insane.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other forms of mental disease.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Epilepsy.....	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Chorea.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Circulatory System</i>														
Endocarditis and myocarditis.....	1	1	1	1	—	—	—	—	—	—	—	—	2	2
Other diseases of the heart.....	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Arteriosclerosis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Respiratory System</i>														
Bronchopneumonia.....	—	—	—	—	—	1	—	—	—	—	—	—	2	4
Lobar pneumonia.....	—	1	—	1	—	—	1	—	—	—	—	—	1	—
<i>Diseases of the Digestive System</i>														
Diarrhea and enteritis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia and intestinal obstruction.....	—	—	—	1	—	—	—	—	—	—	—	—	—	—
<i>Non-Veneral Diseases of Genito-Urinary System</i>														
Nephritis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of bladder.....	—	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>External Causes</i>														
Suicide.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidental traumatism.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	5	18	1	7	—	3	—	1	—	—	—	1	13	13
		23		8		3		1				1	26	26

*Includes Group 22 "without psychosis".

TABLE 17. Age of Patients at Time of Death Classified with Reference to Principal Psychoses
for the Year Ending September 30, 1927.

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	-	37	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile.....	20	29	80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis.....	51	29	80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis.....	22	8	36	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea.....	-	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases.....	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic.....	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases.....	9	8	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive.....	7	13	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14. Involution melancholia.....	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia praecox.....	5	18	23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia and paranoid conditions.....	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses.....	-	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency.....	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total.....	129	132	261	-	-	-	1	3	4	1	3	4	-	1	1	1	4	5	5	7	12	7	4	11

TABLE 17. Age of Patients at Time of Death Classified with Reference to Principal Psychoses for the Year Ending September 30, 1927.—Concluded.

	45-49 years		50-54 years		55-59 years		60-64 years		65-69 years		70 years and over		Unascertained	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Traumatic.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis.....	1	1	-	-	1	1	1	2	1	6	13	28	-	-
4. General paralysis.....	9	2	6	4	6	3	12	6	18	5	23	17	40	-
5. With cerebral syphilis.....	-	-	-	-	-	-	2	1	3	1	2	-	-	-
6. With Huntington's chorea.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor.....	-	-	-	1	-	1	-	-	-	1	-	-	-	-
8. With other brain or nervous diseases.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic.....	-	-	-	-	-	-	1	-	1	1	1	1	-	-
10. Due to drugs and other exogenous toxins.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra.....	1	1	2	4	1	1	1	1	2	1	2	2	4	-
12. With other somatic diseases.....	1	1	2	2	1	1	1	1	1	2	1	1	1	-
13. Manic-depressive.....	1	2	1	3	1	1	1	2	-	-	-	-	-	-
14. Involunt melancholia.....	7	1	-	-	1	2	-	1	-	-	-	-	-	-
15. Dementia praecox.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia and paranoid conditions.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses.....	-	1	-	-	-	1	-	-	-	-	-	-	-	-
22. Without psychosis.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total.....	13	8	21	22	13	8	18	14	32	14	46	52	0	0

TABLE 18. *Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses, for the Year Ending September 30, 1927.*

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years		
	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	20	37	57	2	10	12	5	4	9	1	6	7	2	2	9	4	6	10	4	5	9
2. Senile.....	51	29	80	9	10	19	14	6	20	6	1	7	2	4	17	13	5	17	3	1	4
3. With cerebral arteriosclerosis.....	28	8	36	6	6	12	4	5	9	2	2	4	2	1	14	1	1	14	1	1	2
4. General paralysis.....	—	3	3	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases.....	3	1	4	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1
9. Alcoholic.....	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases.....	9	8	17	4	3	7	3	1	4	—	2	2	1	1	3	1	3	3	2	1	3
13. Manic-depressive.....	7	13	20	1	4	5	1	1	2	—	—	—	3	—	3	—	3	4	—	2	2
14. Involution melancholia.....	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia praecox.....	5	18	23	—	—	—	—	—	—	—	1	1	—	—	1	—	2	2	1	1	2
16. Paranoia and paranoid conditions.....	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic psychoses.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed psychoses.....	1	1	2	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
22. Without psychosis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	129	132	261	24	28	52	28	20	48	9	12	21	6	7	13	32	21	53	12	12	24

TABLE 19. *Family Care Department, for the Year Ending September 30, 1927.*

	Males	Females	Total
Remaining in Family Care Sept. 30, 1926	-	7	7
On visit from Family Care Sept. 30, 1926	-	-	-
Admitted during the year	-	11	11
Whole number of cases within the year	-	18	18
Dismissed within the year	-	8	8
Returned to institution	-	6	6
Discharged	-	2	2
On visit	-	-	-
Remaining in Family Care Sept. 30, 1927	-	10	10
Supported by State	-	9	9
Private	-	-	-
Self-supporting	-	1	1
Number of different persons within the year	-	16	16
Number of different persons admitted	-	11	11
Number of different persons dismissed	-	8	8
Average daily number in Family Care during the year	-	8.58	8.58
Supported by State	-	7.24	7.24
Private	-	.44	.44
Self-supporting	-	.90	.90

FEB 18 1973